Oxford Health Foundation Trust has developed the attached action plan in response to the recommendations made in the Mental Health Homicide Review. The Trust would like to extend their deepest sympathy to the family of Child M and is fully committed to continuing to work to improve the services it provides and to learn the lessons from this most tragic event.

**Mental Health Homicide Review action plan- July 2019**

 **StEIS 2017/7489 SI 2017/18 011**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recommendation  | Actions undertaken and in progress  | Evidence to confirm action has taken place | Person (role)responsible for implementation of action  | Date for completion of action  |
| **1. History taking, formulation and diagnosis recorded in case notes** ‘We note that the Trust Action Plan includes steps to ensure that clinical team leads encourage and require their staff to collect such information, record a summary and a presumed diagnosis in the front of the clinical record and communicate this to partner services, where appropriate. We note that steps have been taken to implement this. In addition, we recommend an audit of care records across the Trust should be undertaken in six months’ time to check that the new system is working effectively.’ | a) Using recognised improvement methodology through Oxford Health Improvement (OHI) improvements have been made to the assessment forms on the electronic health record (Carenotes). The revised formats have been piloted and are to be rolled out to all teams across OHFT during August / Sept 2019. August 2019 -all adult AMHTs/Early Intervention Service/ Perinatal Service September / October 2019 -all Older Adult Community MH teams / All Child and Adolescent MH services  | Baseline and implementation results available for 2 pilot teams Quarterly CPA and non – CPA audits across all MH teams and services form Q2 2019- Q4 2020  | Clinical Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateService Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateClinical Director Buckinghamshire Mental Health Directorate Service Director Buckinghamshire Mental Health Directorate | 1st March 2020Quarterly audit results reported to Quality and Safety Committee and to Trust board  |
| b) Caseload dashboards have been devised for all clinical teams which enables ‘At a Glance’ identification that all patients have all key parameters documented on Carenotes. For example, MH Assessment, Physical health review, Mental Health Act Status, Assessment of clinical needs, Date of last contact  | 6 monthly review via Local audit – for completeness and accuracy  | Clinical Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateService Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateClinical Director Buckinghamshire Mental Health Directorate Service Director Buckinghamshire Mental Health Directorate | 1st March 2020 |
| c) Continue to embed effective clinical supervision with regular review of specific patients on each clinician’s caseload  |  | Clinical Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateService Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateClinical Director Buckinghamshire Mental Health Directorate Service Director Buckinghamshire Mental Health Directorate |  |
| d) Develop and embed a clear pathway for joint activity to manage risk for all practitioners  |  | Deputy Director of Nursing Mental Health  | December 31st, 2019 Plan audit of pathway end March 2020 |
| e) Ongoing focus to drive up the quality of care within the current resources available. Discussions continue with commissioners to reflect the continually increasing demands on MH services and the capacity within clinical teams to meet the demand.  |  | CEO OHFT with OCCG / Bucks CCGs  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recommendation  | Actions undertaken and in progress  | Evidence to confirm action has taken place | Person (role)responsible for implementation of action  | Date for completion of action  |
| **2.`Think Family’ inter-agency** **Communication-** from Oxfordshire Safeguarding Children’s Board report  **‘**In addition to monitoring carefully the implementation and impact of their revised `Think Family’ policy, our team recommends that staff should be prompted to ensure that families (as appropriate) and partners in primary health, social care and education are engaged, informed and heard whenever there is a potentially vulnerable child involved**.’** | a) Oxford Health to review recent Safeguarding Audit to establish whether initial assessments are holistic, Think Family, and where appropriate include an assessment of parenting, risk to child and result in joint activity with other Children’s Services. | Pathway and systems in place for holistic ‘Think Family ‘assessments leading to appropriate joint activity.Joint working arrangements are clearly defined.Learning Summary disseminated, and pathway and process embedded in training activity.Audit of Risk Assessments via case sampling completed  | OHFT Lead Nurse for Children’s’ Safeguarding OHFT Deputy Director of Nursing, Mental Health  | COMPLETED 31st December 2018 / 30TH January 2019  |
| b) Case sampling to review the robustness of systems that are in place where a parent/carer has had significant mental health involvement and whether the assessment triggers use of the SCB Threshold Of Needs (TON) matrix to ensure appropriate joint activity is identified including joint assessment, planning and information sharing.Future work with Social Care will be to strengthen the Threshold of Needs Matrix (TON) in regard to parenting capacity relating to mental health and substance misuse | OHFT has contributed to the review of the Threshold Of Need matrix which includes an appendix on thresholds for decision making in Child Safeguarding Cases. | OHFT Lead Nurse for Children’s’ Safeguarding OHFT Deputy Director of Nursing, Mental Health  | COMPLETED 31st December 2018 / 30TH January 2019  |
| c) Develop a clear pathway for joint activity to manage risk for all practitioners and managers to adopt | Dissemination of agreed pathway to all clinicians  | OHFT Lead Nurse for Children’s’ Safeguarding OHFT Deputy Director of Nursing, Mental Health  | December 31st 2019 |
| d) Threshold of Need (TON) matrix has been reviewed and there is sufficient emphasis on historical concerns, which is proportionate and non-discriminatory. Appendix on thresholds for decision making in CSC to be added to matrix and to include mental health and points of transition. | Revised Threshold of Need documentation  | OHFT Lead Nurse for Children’s’ Safeguarding OHFT Deputy Director of Nursing, Mental Health  | COMPLETED 31st December 2018 / 30TH January 2019  |
| e) A working group is planned across all directorates to take a strategic overview of all ‘Think family ‘work |  | OHFT Lead Nurse for Children’s’ Safeguarding OHFT Deputy Director of Nursing, Mental Health  | December 31st 2019 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recommendation  | Actions undertaken and in progress  | Evidence to confirm action has taken place | Person (role)responsible for implementation of action  | Date for completion of action  |
| **3. Risk assessment, relapse prevention and information sharing**‘The Trust’s internal investigation made a recommendation relating to training for staff to assess risk. A thorough assessment should include information from the patient, his or her family, carers, primary care and other agencies, as appropriate. When a patient’s permission to disclose information is withheld, and whilst it is important to respect patients' rights, we recommend that training should be provided for staff to balance their legal and professional responsibilities to ensure that potentially vital information for case formulation and the assessment and management of risk is collected. We recommend that training content and provision are audited to ensure that this is done. ‘ | a) Trust has reviewed and implemented a new risk assessment form  | Review of local induction content and Audit of staff undertaking Information Governance training. | Clinical Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateService Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateClinical Director Buckinghamshire Mental Health Directorate Operational Director Buckinghamshire Mental Health Directorate | 31st March 2020 |
| b) Information governance and information sharing has been included in Clinical Risk Assessment and Management (CRAM) training.  | CRAM training is facilitated by the Medical Director who is also the Caldicott Guardian for the Trust. There is a significant section on confidentiality issues with numerous clinical examples used to work through conflicts and dilemmas with robust discussion.Evaluation of Clinical Risk and Management Training to be undertaken  | Clinical Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateService Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateClinical Director Buckinghamshire Mental Health Directorate Operational Director Buckinghamshire Mental Health Directorate | 31st March 2020 |
| c) Additional prompts on Care notes to alert clinicians to the presence of children in a household where an adult has an enduring mental health illness.Clinicians able to see shared view across Mental Health Services  | Within the Trust a ‘Clinical Portal’ has been developed which will allow clinicians to view patient records from Mental Health Carenotes, Community Health Carenotes and Adastra, using a solution called Graphnet. Due to go live mid-2020.All these will contain alerts where a vulnerable child or adult is recorded in Carenotes | Clinical Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateService Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateClinical Director Buckinghamshire Mental Health Directorate Operational Director Buckinghamshire Mental Health Directorate | 30th June 2020 |
| d) Ensure staff are fully aware of Information principles and receive in-depth supervision in regard to information sharing and confidentiality with the goal of maintaining safety. Also renewed emphasis is placed during clinical supervision to discuss sharing of information with family members where appropriate.  | Safeguarding Policies updated and includes a flow chart for safeguarding children and young people whose parents/carers have problems with mental health, substance misuse, learning disability and emotional or psychological distress | Clinical Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateService Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateClinical Director Buckinghamshire Mental Health Directorate Operational Director Buckinghamshire Mental Health Directorate | Completed May 2017  |
| e) Involving families in care is evidenced based and gives better outcomes for patients and their families which we should encourage even in circumstances where service users are stating they don’t wish their families to be involved in their care.  | Advice available from Trust Safeguarding Team via dedicated consultation line. | Clinical Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateService Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateClinical Director Buckinghamshire Mental Health Directorate Operational Director Buckinghamshire Mental Health DirectorateOHFT Lead Nurse for Children’s’ Safeguarding  | Completed May 2017  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recommendation  | Actions undertaken and in progress  | Evidence to confirm action has taken place | Person (role)responsible for implementation of action  | Date for completion of action  |
| **4.Shared care**‘We note that steps have been taken by the Trust to review and refresh their shared care protocol for the management of patients taking Lithium and that steps have also been taken to ensure that information about risk is communicated effectively. We recommend that an audit be undertaken of a sample of patients in receipt of shared care to understand whether this is effective or whether there are still concerns.’  | a) To review the current intra-operability of cross health systems information from primary care, through MH services and secondary care services For example, MH teams are now able to view summary of GP records.  | Work is progressing across each county (Oxon, Bucks, Wilts and Bath &NE Somerset) to provide a Mental Health Dataset into the shared care records initiative – this will provide a ‘read-only’ view of patient records for direct care purposes. The view will give a full picture from * GP’s
* Community Services
* Acute services
* Mental Health services
* Social Care Services

The ‘go-live’ date provisionally is for the end of 2019 for Bucks and mid 2020 for Oxon/ Wilts. BaNES  | Director of Strategy and Chief Information Officer Head of Information Governance  | 31ST December 2019 through to 31ST August 2020 |
| b) Undertaken a review and refresh of the Shared Care protocols and undertake regular audit  | The Shared Care Protocols are linked from OHFT formulary (www.oxfordhealthformulary.nhs.uk).OHFT participates in the national audit of mental health trusts in the monitoring of patients prescribed Lithium, conducted on behalf of the Royal College of Psychiatrists, by the Prescribing Observatory for Mental Health UK  | Clinical Director Buckinghamshire Mental Health DirectorateChief Pharmacist OHFT CCG lead for Primary Care  | COMPLETED October /November 2017 Shared Care Protocols available through trust intranet and Oxon GP intranet  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recommendation  | Actions undertaken and in progress  | Evidence to confirm action has taken place | Person (role)responsible for implementation of action  | Date for completion of action  |
| **5.Care management, care coordination and communication**‘Trust policy is already clear in requiring patients in contact with specialised mental health services to have a care plan. We recommend the Trust pay special attention through clinical audit to ensure that care planning, care coordination and communications policies are followed, especially at times when staffing levels, resourcing or organisational change present a challenge’. | a) Maintain CPA (Care Programme Approach) and non-CPA audit including care planning.  | Measured regularly through peer reviews across AMHTs Undertake quarterly in all teams for Q2 2019-Q 4 2020. Reported through to trust board via Quality Committee  | Deputy Director of Nursing, Mental HealthClinical Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateService Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateClinical Director Buckinghamshire Mental Health Directorate Service Director Buckinghamshire Mental Health Directorate | 31/03/2020 |
| b) Use of caseload dashboard to identify patient at a glance whose care plans require review and updating. To be rolled out to all Adult MH teams and all Children’s services  | Work underway to assess and standardise quality of clinical supervision re caseload management/ completion of care plans/ risk assessments  | Deputy Director of Nursing, Mental HealthClinical Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateService Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateClinical Director Buckinghamshire Mental Health Directorate Service Director Buckinghamshire Mental Health Directorate | 31/03/2020 |
| c) Audit includes sharing of information and communications with families/ carers | Bi-annual results shared through Quality Safety Committee to trust board | Deputy Director of Nursing, Mental HealthClinical Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateService Director Oxfordshire, BaNES, Swindon and Wiltshire Mental Health DirectorateClinical Director Buckinghamshire Mental Health Directorate Service Director Buckinghamshire Mental Health Directorate | 31/03/2020 |