With all of us in mind

South West Yorkshire NHS
Mental Health NHS Trust

Kirklees NHS
Primary Care Trust

INDEPENDENT INQUIRY SUI REF: 2005/2100

ACTION PLAN

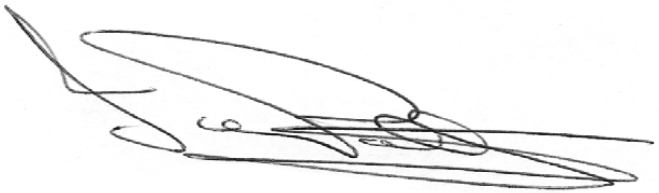
TO BE PRESENTED TO THE NHS YORKSHIRE AND THE HUMBER SHA BOARD
5 June 2007

Introduction

South West Yorkshire Mental Health NHS Trust and Kirklees Primary Care Trust, the lead commissioning body for mental health services in Kirklees, accept the findings of the Independent Inquiry (SUI Reference 2005/2100) commissioned by the former West Yorkshire Strategic Health Authority. We would like to thank the Independent Inquiry Team for its work in producing the reports.

This action plan addresses the recommendations from the Independent Inquiry report, and is published alongside the report. The action plan is a jointly owned document of South West Yorkshire Mental Health NHS Trust and Kirklees Primary Care Trust. Our organisations are committed to ensuring that the learning from this Independent Inquiry is thoroughly implemented in practice.

This action plan will be monitored at three levels by South West Yorkshire Mental Health NHS Trust, Kirklees Primary Care Trust and Yorkshire and the Humber Strategic Health Authority.



Steven Michael
Chief Executive
South West Yorkshire Mental Health NHS Trust

Mike Potts
Chief Executive
Kirklees Primary Care Trust

SUI 2005. 2100 Action Plan

No.	RECOMMENDATION	ACTION TAKEN TO DATE (As at 18 May 2007)	FURTHER ACTION TO BE TAKEN	LEAD(S) (SWYMHT unless otherwise stated)	TIMESCALE
1.0 Involvement and support for Carers					
1.1	The Trust should ensure that the family of patients involved in serious incidents are contacted to establish their possible care and support requirements.	1. Trust policy regarding communicating with service users and carers following a serious incident, to provide information and offer support, is clearly stated in new Incident Management Policies and Procedures, which have been ratified by the Trust Board.	1. This requirement will be incorporated into the checklist (to be developed by the Incident Management Support Team (IMST)) to provide guidelines for staff and a tool for ongoing monitoring of incident management and RCA reports. 2. Post-incident contact with service users and carers and support offered will be monitored through monitoring of incident investigation (root cause analysis (RCA)) reports by the IMST.	Hazel O'Hara Acting Director of Operations & Nursing Hazel O'Hara	June 2007 June 2007 and ongoing

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***2.0 Service Delivery* - Overall Dual Diagnosis Strategy**					
2.1	The PCT and partnership agencies should develop a mutually agreed strategy to oversee the development of dual diagnosis services including information sharing.	1. A steering group has been established to develop a joint training strategy for dual diagnosis for all organisations in Kirklees.	1. Develop a strategy for dual diagnosis services in Kirklees.	Vicky Dutchburn Assistant Director of Mental Health Kirklees PCT	September 2007
2.2	The Trust should appoint a 'local champion' to lead on the implementation of a jointly agreed strategy.	1. PCT has identified funding to appoint a lead nurse for dual diagnosis.	1. Appoint to post of lead nurse for dual diagnosis, to become lead on the implementation of the strategy.	Hazel O'Hara	September 2007

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2.0 Service delivery – other					
2.3	**Do not attend (DNA) for services** The Trust should review methods of reducing DNA rates of both new and follow up patients.		1. Audit to be undertaken to identify the reasons for patients not attending for new and follow up appointments, and an action plan developed to address the issues identified.	Hazel O'Hara	September 2007
2.4	**Future service reconfigurations** Future changes in the configuration and process of services should be communicated to stakeholders in a timely fashion.	1. Change management process, which includes stakeholder analysis and development of Communications Strategy, developed. 2. Change management plan, including Communications Strategy developed for each of the major service changes identified in the annual plans for 07/08 were approved by the Trust Board in March 2007. 3. Joint project boards being established with partner organisations for major change management plans.	1. Significant changes in the configuration and process of services will have a change management plan developed, including a stakeholder analysis and a Communications Strategy.	Hazel O'Hara	Ongoing

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2.5	**Record retention** The Trust should develop and implement a policy for the safe retention of records, including diary and message books.		1. Trust Records Management Strategy and Policies to be updated to include the safe retention of diary and message books.	Annette Holbrook, Acting Director of Performance & Information	July 2007
			2. Details of protocol for medical secretaries to be developed with regard to appropriate communication to service users and the requirement for accurate documentation and retention in line with the above policy.	Nisreen Booya, Medical Director	July 2007
			3. Policy update is communicated and implemented in all service areas.		September 2007
			4. The policy will be audited in accordance with the Trust's Information Governance Strategy and Policies.	Annette Holbrook	March 2007/8 and ongoing audit process

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3.0 Skills sharing					
3.1	The statutory and voluntary sector agencies in Kirklees should develop and implement joint training in dual diagnosis for staff, which must be financially supported by the Primary Care Trust.	1. A steering group has been established to develop a joint training strategy for dual diagnosis for all organisations in Kirklees. 2. PCT have identified funding to appoint a lead nurse for dual diagnosis.	1. When lead nurse appointed, to lead the development and implementation of the joint training.	Vicky Dutchburn,	March 2008
3.2	The Trust should ensure that newly appointed managers are given appropriate support and development.	1. All newly appointed managers now receive a Trust and local service induction. 2. All newly appointed mangers are supported via supervision and coaching arrangements via their line manger. 3. All newly appointed managers are offered the provision of training in their role via the trusts 'Middle ground' training program, which includes mentorship arrangements.	1. The Trust is developing competency based job descriptions for line managers in line with the KSF, which will support future training and developments arrangements.	Alan Davis, Director of HR and Workforce Development	December 2007

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4.0 Information Sharing					
4.1	The Trust should conduct a clinical audit of compliance with minimum standards for communication with referrers which ensures they are aware of the disposal of referrals.		1. The Trust will develop a clear standard for communication with referrers which ensures they are aware of the disposal of referrals. 2. The Trust will undertake an audit of compliance with this minimum standard and develop an action plan for improvement.	Hazel O'Hara, Hazel O'Hara	June 2007 December 2007

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5.0 Management of Untoward Incidents and Internal Reviews					
5.1	**Involvement of service commissioners** A representative of service commissioners should be invited to attend post incident reviews carried out by provider organisations.	1. The new Incident Management Policy and Procedures and SUI Procedures (Approved by the Trust Board April 2007) include both these requirements.	1. Implementation of revised policy including the inclusion of a representative from the PCT in post-incident reviews will be monitored through the IMST. 2. Responsible managers initiating RCA investigations will be alerted to this new process through the processes for implementing new Policies and Procedures.	Hazel O'Hara Vicky Dutchburn Hazel O'Hara	June 2007 and ongoing June 2007

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5.2	**Involvement of staff in internal reviews** When undertaking an internal review, all staff involved should be identified, the extent of their involvement clarified and they should be given the opportunity to comment on that involvement prior to the publication of the report.	1. The new Incident Management Policy and Procedures and Serious Untoward Incident (SUI) Procedures (approved by Trust Board April 2007) include both these requirements	1. A checklist for incident investigation (root cause analysis (RCA) reports will be developed. 2. The checklist will be included in the revised RCA and Investigations Guidelines and Toolkit and will be included in training on RCA investigations 3. Requirements will be monitored by the Incident Management Support Team (IMST)	Hazel O'Hara, Hazel O'Hara Hazel O'Hara	June 2007 August 07 June 2007 and ongoing

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6.0 Recommendations for Incident Review Reports					
6.1	The Trust should ensure that it implements and monitors its current Incident Management Policy to ensure clarity of goals and processes to be followed, including the adoption of SMART* criteria for the recommendations of any future internal reviews. An audit of the policy should be done on an annual basis to review how the policy is working in practice. ** specific, measurable, achievable, realistic (and any required resources identified), timescale defined*	1. The new Incident Management Policy and Procedures, SUI Procedures (April 2007), which have been ratified by the Trust Board, clearly state these requirements.	1 Incident Management Support Team to develop checklists for RCA investigators and for managers and Incident Management Support Team (IMST) to clarify and monitor standards. 2. These will be an integral part of the RCA and Investigations Guidelines and Toolkit to be developed, which will be available to staff on the Trust's intranet and will be provided to staff undertaking an RCA or attending RCA training with the guidance.	Hazel O'Hara, Hazel O'Hara	June 2007 August 2007 and ongoing

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			3. IMST will develop a system for effectively monitoring and auditing how the Incident Management Policies and Procedures are working in practice and include information on this as part of the Incident Management Annual Report.	Hazel O'Hara	July 2007
			4. The Incident Management Policies and Procedures will be reviewed and updated annually – and amended as necessary in response to the audit findings	Hazel O'Hara	April 2008