

Independent Investigations – SUIs 2003/1578 and 2005/95

Overarching Comments

Following the completion of the independent investigations of the above homicides there were some issues of a general nature which the investigation team thought may be helpful to draw to the attention of the Strategic Health Authority.

Two investigations were conducted in parallel one from 2003 and one from 2005. We are now in 2009 at publication of the independent reports. In order to maximize the benefits of the investigations which cover a single mental health provider and two Primary Care Trusts, one city based and one predominately rural we make the following comments.

Acknowledgements

Before we highlight these we should say how helpful the staff were of the Mental Health Teaching NHS Trust. Of particular help was the Medical Director. Our requests for information and enquiring of his knowledge of the organisation were met with timely and courteous responses. We would also like to thank the Assistant Director for Mental Health and Learning Disability at the city based PCT Teaching NHS Trust. He too was thoughtful, considerate in the advice he gave to us and helped enormously with coordination of practical elements of both investigations. He stepped in to help when early on in the process the person appointed as the Lead Coordinator went off on long term sick. This did hamper the start up process and severely constrained the production of detailed witness statements, as this was to be the role of the coordinator.

The officers of Humberside Police were of enormous help and gave us access to their excellent records.

Gathering Records

The start up process was lengthy and could have been significantly shortened if records had been presented in an orderly fashion and had been gathered in one location ready for the independent investigators. There was a protracted paper chase in both cases. It may be of future help for the Strategic Health Authority or others to draft and agree a form of words for consent to records to be obtained from the patient concerned and to have obtained that before the appointment of independent investigators. The appointment of a more senior officer to act as Lead Coordinator may be more appropriate.

The timeliness and quality of the initial investigations are of paramount importance for those who may follow wearing the mantle of independent investigators. In particular the investigation of M was marred by the five year

passage of time and insufficient effort put into the initial investigations and the lack of a coordinated drive.

The case of B was handled with more vigour, probably because of the high profile nature of the homicide; but it was handled within the defined procedure. If procedure is followed then part of any potential future criticism is significantly reduced. This is why, because of the thorough and focused handling of the internal investigation of B's case, it resulted in less criticism in our final report.

Without doubt in the city based PCT and the Mental Health Trust we met some able and strategically focused staff.

The Mental Health Trust

The MH Trust currently provides specialist mental health, learning disability and addictions services to a population approaching 600,000 with an annual turnover of some £80m. The Annual Plan is shaped by a new strategic direction for the MH Trust as it moves to Foundation Trust status. During 2007/08 the MH Trust acquired, in effect, a new Trust Board with the appointment of a new Chairman, Chief Executive and Non-Executive Directors. A new post of Director of Human Resources and Diversity has been developed to take forward the Trust's workforce strategy.

The Healthcare Commission Reports of 2006 - 2008

These reports of all the 69 NHS trusts that provided mental health acute inpatient services over this period of time were allocated scores against certain assessable criteria. The Key used is 1, Weak; 2, Fair; 3, Good and 4, Excellent. The MHTrust scored 3, Good in 2006/2007. In 2007/2008 the Trust scored 4, Excellent. For both periods the Trust scored 3, Good, for its use of resources.

Of particular note specifically relating to the MHTrust was the score of 4, Excellent, for the clinical supervision and ward manager leadership development.

Planning and Modernizing Services.

The Medical Services

The Mental Health Trust, currently moving to Foundation Hospital status, has changed service delivery significantly since these two incidents of homicide and changes driven by the city based PCT are being adopted by the neighboring PCT, for example, single point of entry to service for assessment and enhancement of teams dealing with crisis and support within the home..

A strategy for medical services is being developed and will share standards of practice across both areas covered by the PCTs and will encompass training and development in such areas as risk assessment, continuing professional development and supervision of junior medical staff.

Of paramount importance is the question of medical leadership. The publication of the medical strategy should offer more transparency for those in receipt of services. We were assured that progress is being made, although this can only be sustained and tested through continuing training, monitoring and audit of practice.

Service Developments

The independent investigation team found that the service had moved forward in a positive direction and the key developments are described in the main body of the reports, recommendations are made from these and examples are as follows.

In 2007/08 the Trust achieved implementation of a major 'whole system model' service redesign resulting in improved adult mental health services with a single point of entry and initial assessment. This has brought greater clarity of service provision, in particular that of home care networks supporting families. The provision of intensive care facilities are also much improved.

A 'Galatean Risk Screening Tool' (GRiST) is now in use by the adult mental health services. This decision support system for mental health professionals has been developed by the Universities of Warwick and Aston, funded by the Department of Health.

The Care Programme Approach.

Adoption and practice of CPA was lacking in both cases, more so in the case of M. Use of the Care Programme Approach is now much improved as are the keeping of records. The new guidance pertaining to CPA was to be implemented in October 2008. Its implementation will need to be considered in any future audit programmes.

Contacts with Relatives and Carers

We were surprised at the lack of contact with the families involved with these cases. In relation to B the first time that a professional member of staff sat down with his mother and took a detailed social history was following his admission to the high security hospital after the incident.

More could and should have been done to keep the families involved and informed and supported. When we first met with B's mother she informed us that a matter of days after the incident B was sent a patient satisfaction questionnaire by the Trust; this insensitivity could have been avoided. Also she was plagued by the media trying to get her to tell her story which

communications staff at the Trust could have advised upon. She found the police liaison officer the greatest help. It was clear to us that, despite the initial rejection of offers of help and support it should be good practice to keep trying, possibly through local advocacy services.

We had to search for any information on the victim and in particular the children in B's case. The Trust appeared unaware of the circumstances surrounding the victim's family and the impact of the incident upon them. Little thought seemed to have been given to how the children were to be kept informed of events.

When we visited M's sister we were the first people that had made any contact with the family following the incident. M's sister was eager to talk and share her deep understanding of M and the traumatic events leading up to the death of her mother

Legacy Cases

Finally 'legacy cases' which occurred several years ago bring their own complications and we hope we have been fair and reasonable in our comments to all concerned. What also presents as particularly difficult is to wholly construct a report which completely makes anonymous the patients and staff involved. In future there should no longer be the need for looking so far back and cases which may be delayed, often by the patients' medical condition and legal considerations will require active tracking.

INDEPENDENT INQUIRY SUI REF: 2005/95 and SUI REF: 2003/1578

ACTION PLAN

TO BE PRESENTED TO THE NHS YORKSHIRE AND THE HUMBER BOARD
05 May 2009
Introduction

Humber Mental Health Teaching NHS Trust, NHS Hull and NHS East Riding of Yorkshire accept the findings of the Independent Inquiry (SUI Reference 2005/95 and SUI Reference 2003/1578) commissioned by Yorkshire and the Humber 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 Humber Mental Health Teaching NHS Trust, NHS Hull and NHS East Riding of Yorkshire. 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 Humber Mental Health Teaching NHS Trust, NHS Hull and NHS East Riding of Yorkshire and Yorkshire and the Humber Strategic Health Authority.

**Chief Executive
Humber Mental Health Teaching NHS Trust**

**Chief Executive
NHS Hull**

**Chief Executive
NHS East Riding of Yorkshire**

Action Plan – Report of the independent investigation into the care and treatment of B – SUI 2005/95

No.	RECOMMENDATION	ACTIONS TAKEN TO DATE AS AT 16 MARCH 2009	FURTHER ACTION TO BE TAKEN	LEAD(S)	TIMESCALE
1.	<p>The MH Trust should produce and widely publish the strategy for medical services required by the newly appointed Director of Human Resources and Diversity. It should describe how it intends to aid locum consultants develop into substantive consultant positions. It should inform readers how clinical governance, continuing professional development, appraisal, supervision, recruitment and retention will improve the patient experience through the services provided by this group. Continuing professional development should include regular updates on risk assessment and management. (19.1)</p>	<p>A revised Workforce Strategy has been approved by the Trust Board on 25 February 2009. In the action plan for the implementation of this strategy one of the actions is “to ensure that the Trust has the right number of staff with the right skills, in the right place at the right time”.</p> <p>There has also been a working group set up to review all locum consultant psychiatrists within the Trust and to determine the mechanism by which the Trust can move away from having “long term locums” which includes HR implications.</p>	<p>1. A separate medical staffing action plan to be produced as a response to the action point to ensure that the Trust has “the right number of staff with the right skills, in the right place at the right time”. This will inform readers how the Clinical Governance of continual professional development, appraisal and supervision will improve patient experience through the services provided by this group. This action plan will also indicate the mechanism by which continual professional development will include regular updates on risk assessments and management.</p>	<ul style="list-style-type: none"> • Gillian Hughes, Medical Business Manager • Dr Graham Harkness, Associate Medical Director in Training and Development • Business Unit level Associate Medical Directors 	<p>To be approved by the Governance Committee by 07 September 2009</p>

No.	RECOMMENDATION	ACTIONS TAKEN TO DATE AS AT 16 MARCH 2009	FURTHER ACTION TO BE TAKEN	LEAD(S)	TIMESCALE
			<p>2. Following the work of the operational group looking at the issue of locum consultants, an option appraisal with recommendations on how to replace all long term locum consultant posts with substantive posts will be prepared for the 03 August 2009 Governance Committee to consider.</p>	<ul style="list-style-type: none"> • Gillian Hughes, Medical Business Manager • Dr Douglas Gee, Medical Director 	<p>03 August 2009</p>

No.	RECOMMENDATION	ACTIONS TAKEN TO DATE AS AT 16 MARCH 2009	FURTHER ACTION TO BE TAKEN	LEAD(S)	TIMESCALE
2.	The MH Trust should review and develop information sharing protocols with organisations involved in the care and treatment of mental health patients and should have inter-agency management protocols in place for information sharing about potential risks. (19.2)	<p>In terms of Information Sharing we have the "General Protocol for sharing information in Hull and East Yorkshire". This was agreed in March 2003, reviewed in August 2004 and reviewed again in March 2008.</p> <p>This is an over-arching protocol outlining legislation that must be considered when sharing information. Its purpose is to facilitate the sharing of information between agencies and organisations, not to put impediments upon it.</p> <p>The over-arching protocol is supported by operational procedures for specific information sharing. At the moment, three operational procedures have been developed and agreed for sharing information: integrated teams, police and carers.</p>	1. A report to be produced addressing the robustness of these information sharing protocols and be presented at the Governance Committee for consideration.	<ul style="list-style-type: none"> • Graham Harmer, Head of Corporate Support • Assistant Director of Clinical Governance 	05 October 2009

		<p>In terms of risk, paragraphs 62 and 63 look at disclosing information without consent in the public interest, giving the examples of when children or vulnerable adults are at risk.</p> <p>Disclosures in the public interest are also covered in all the operational procedures. They are also covered in the Trust's Confidentiality Code of Conduct.</p> <p>Within the Trust we have an Alerts Protocol which allows iPM to be flagged with any risks to staff. This includes an information form for service users which makes it clear that such risk information may also be disclosed to other public bodies who they have contact with. The protocol is unwieldy, not user-friendly and needs reviewing.</p>			
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3.	<p>There should be a multidisciplinary peer review system developed, with the emphasis on a learning dialogue, when applications are not made by the Approved Mental Health Practitioner (AMHP – formerly ASW) for detention when in receipt of medical recommendations. Such reviews should be held by a senior mental health practitioner manager from the local authority and actions measured against the new Code of Practice. (19.6)</p>		<p>1. A system to be set up whereby, in the event of an approved mental health professional not proceeding with detaining a patient under the Mental Health Act when in receipt of two medical recommendations, the approved mental health professional will then notify the Trust's Mental Health Legislation Department. The Mental Health Legislation Department will then ask for the relevant social care manager for integrated services for Hull and East Riding adult services to conduct a review of such cases. This will be done with an independent consultant psychiatrist. The review will not be about whether the clinical decision was correct or not but will focus instead on the adequacy of joint working arrangements in the</p>	Assistant Director of Clinical Governance	System to be set up by 01 August 2009

			<p>particular mental health act assessment and the adequacy of communication. Where there are any learning points these will be referred back to the individual clinicians.</p> <p>2. A six-monthly report of such assessments will be produced for scrutiny by the Governance Committee.</p>	Assistant Director of Clinical Governance	<p>First report to go to the Governance Committee in February 2010</p>
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4.	<p>The MH Trust with the PCT now has well developed community based services such as the Assertive Outreach and Home Treatment Teams and has developed the single point of entry system to services. We recommend that the same rigorous planning approach by the PCT and the MH Trust is now focused on the inpatient facilities to examine their role and function within a changing service. (19.7)</p>	<p>As part of a previous review it has already been established that a single adult mental health inpatient unit will fit on to the Trust's Townend Court site.</p> <p>Discussions have commenced with Citycare to progress and a Programme Board has been established.</p> <p>In the short term proposals are being considered to provide one treatment unit (closure of Newbridges). Consultation in partnership with the PCT to commence shortly.</p> <p>These developments will now be subject to the combined group as outlined in the next column.</p>	<p>1. Discussions to agree terms of reference for a combined group, led by the PCTs, to determine the best model for inpatient care and treatment, how inpatient care will support mental health service users across the East Riding and Hull and subsequently the best configuration of services.</p>	<ul style="list-style-type: none"> • Alison Flack, Unit General Manager – Hull • Keith Baulcombe, Assistant Director-Learning Disability and Mental Health, NHS Hull 	<p>End June 2009</p>

No.	RECOMMENDATION	ACTION TAKEN TO DATE AS AT 16 MARCH 2009	FURTHER ACTION TO BE TAKEN	LEAD(S)	TIMESCALE
5.	There should be a review of the staffing levels available at the unit visited by the Team which now manages without the support of the CMHT staff once located within the building. The MH Trust Board should assure itself that this facility is a safe environment for both patients and staff (and may wish to examine other satellite facilities). It should also ensure that the opportunities for patients to abscond from the unit are lessened. (19.8)	<p>The proposal to provide one treatment unit will allow the staffing levels on the adult inpatient units to be at an acceptable level without reliance on bank or agency staff. This will be subject to the agreement of the combined group as per point 4.</p> <p>Work has been undertaken to remedy the fence work at Westlands, which has reduced the opportunity for patients to abscond.</p> <p>The supportive observation levels of patients who may abscond are increased when the patient is outside the unit.</p>	<ol style="list-style-type: none"> 1. A formal patient safety review will be undertaken of both Westlands inpatient units and all inpatient units across the Trust reviewing staffing levels, risk management systems and environmental arrangements to ensure that patient safety risks are minimised. The review will report to the Trust's Governance Committee. 2. A Trust-wide bed management system to be implemented. 	<ul style="list-style-type: none"> • Alison Flack, Unit General Manager – Hull • Lisa Smith, Unit General Manager – East Riding • Assistant Director of Clinical Governance • Gary Darley, Joint Acting Head of Clinical Governance 	<p>07 September 2009</p> <p>April 2009</p>

No.	RECOMMENDATION	ACTION TAKEN TO DATE AS AT 16 MARCH 2009	FURTHER ACTION TO BE TAKEN	LEAD(S)	TIMESCALE
6.	The MH Trust Board initially should receive a six monthly report on the referrals to and use of the PICU unit. The report should include any operational difficulties concerning referral and how they have been resolved. (19.9)		<ol style="list-style-type: none"> 1. A six-monthly report will be provided to the Governance Committee outlining the following: <ul style="list-style-type: none"> - Number of referrals made to PICU - Number of patients accepted onto PICU - Number of patients managed by alternative means - Outline of what these alternative means were - Summaries of any individual operational difficulties relating to the referral process - Detail of how these issues were resolved. 	<ul style="list-style-type: none"> • Said Ali, Unit General Manager – Specialist Services 	05 October 2009

Action Plan – Report of the independent investigation into the care and treatment of M – SUI 2003/1578

No.	RECOMMENDATION	ACTION TAKEN TO DATE AS AT 16 MARCH 2009	FURTHER ACTION TO BE TAKEN	LEAD(S)	TIMESCALE
7.	The MH Trust should develop and describe a broad based action plan to ensure it has explored additional methods of engagement with carers particularly where service users are reluctant to involve them. (17.1)	Trust has developed, along with carers' representatives and voluntary sector guidance, principles for staff regarding engaging and communicating with carers where service users are reluctant to involve them. (see attached). This guidance has been approved for practice through the Trust's information governance committee in February 2009.	1. Clinical audit of the effectiveness of this guideline to be undertaken. The audit will also recommend any further actions to improve carer engagement in this context.	<ul style="list-style-type: none"> • Dave Knapp, Head of Patient Experience • Assistant Director of Clinical Governance 	Audit with further recommended actions to be presented to the Governance Committee on 05 October 2009

No.	RECOMMENDATION	ACTION TAKEN TO DATE AS AT 16 MARCH 2009	FURTHER ACTION TO BE TAKEN	LEAD(S)	TIMESCALE
9.	The 'issues for consideration' contained in the document, 'Recommendations for Antipsychotic Medication Switches' should form the basis of a clinical audit. (17.3)	Prescribing guidelines for the switches of antipsychotics were produced in 2006. These guidelines will be reviewed and re-approved by the Drug and Therapeutics Committee in March 2009.	<p>1. A clinical audit to take place which will include all issues for consideration as outlined on page 11 of the external inquiry report</p> <p>These are</p> <ul style="list-style-type: none"> • Advise individual that switch of medication is associated with increased risk of relapse • Additional support and monitoring should be in place for individuals during the switch. Where applicable this should be via the Care Programme Approach • Where switching is considered while in primary care additional support and monitoring should be in place • Formulate relapse prevention strategy • Ensure full care plan in place to support and monitor individual during and post switch. 	<ul style="list-style-type: none"> • Weeliat Chong, Chief Pharmacist • Business Unit level Associate Medical Directors 	To be submitted for consideration at the 02 November 2009 Governance Committee

No.	RECOMMENDATION	ACTION TAKEN TO DATE AS AT 16 MARCH 2009	FURTHER ACTION TO BE TAKEN	LEAD(S)	TIMESCALE
10.	<p>The PCT should construct and conduct an audit of the Out of Hours Service showing particular attention to how specific mental health calls have been dealt with and the effectiveness of this service. How calls regarding mental health issues are routed at point of contact to appropriate emergency mental health services, thus avoiding the out of hours GP service, should be subject to audit. (17.7)</p>	<p>All Out of Hours (OOH) Primary Care Centres have information on how to contact the Crisis Management Team.</p> <p>Adastra 3 software is fully installed to provide the clinician with details of previous OOH contacts.</p> <p>Voice recording of all patient calls is available in all OOH Primary Care Centres and mobile vehicles.</p>	<p>1. Clinical audits will be constructed and undertaken based on:</p> <ul style="list-style-type: none"> • the OOH point of contact triage follow-through • calls received by specialist mental health services. This will allow us to evaluate effectiveness of response from the perspective of clinicians, patients and families • risk/relapse forms to ensure that service users and carers are being given information, and have a copy of the relapse plan and how to access help at a time of crisis 24 hours a day. <p>These audits to be undertaken at the same time and cross-reviewed on completion.</p>	<ul style="list-style-type: none"> • Dr S Soin, Associate Medical Director • Dr S Burdett, OOH Clinical Lead • Neil Griffiths, Acting Director of Joint Commissioning • Peter Choules, Joint Commissioning Manager • Lisa Smith, Unit General Manger – East Riding • Dr Douglas Gee, Medical Director • Duncan Courtney, Joint Acting Head of Clinical Governance 	<p>July 2009</p> <p>July 2009</p> <p>July 2009</p>

Action plan for recommendations found in both reports (see above)

No.	RECOMMENDATION	ACTION TAKEN TO DATE AS AT 16 MARCH 2009	FURTHER ACTION TO BE TAKEN	LEAD(S)	TIMESCALE
11.	The newly adopted GRiST risk assessment tool should be subject to rigorous audit and its outcome reported to the Board. Tick box mentality should be avoided and the audit should focus on the quality of the clinical input, observations and interpretation, contingency plans and the flexibility of the process and that the format in use are validated for each specific patient group. (19.3)	The Trust has already approved the GRiST risk assessment tool for use within adult psychiatry services.	1. A detailed clinical audit to be undertaken across adult services covering not only if such risk assessments are in place but determining whether or not the risk assessments are of sufficient high quality. This will include <ul style="list-style-type: none"> • the robustness of information of risk indicators • the adequacy of the analysis of risk information • the robustness of management plans to address these risks • whether such management plans have been successfully implemented. 	<ul style="list-style-type: none"> • Assistant Director of Clinical Governance 	02 November 2009 Governance Committee

			2. For the clinical networks covering services other than adult to agree a risk assessment tool for their service area and have that approved by the Governance Committee		07 December 2009
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12.	There should be production of information packs for service users and their relatives and carers concerning areas identified in the revised Mental Health Act Code of Practice and the Care Programme Approach. The documentation should reflect all rights and responsibilities afforded to them. (19.4)	<p>The Trust already has information packs in place for service users and carers for patients who are detained under the Mental Health Act.</p> <p>Information for carers' regarding the Care Programme Approach was produced as a part of the recent January 2009 re-launch of the Care Programme Approach (available on Trust intranet and internet). Guidance and policy relating to the Care Programme Approach outline system for ensuring that the carer is offered the information.</p>	1. A clinical audit on the Trust's compliance with provision of these information packs and also incorporating feedback from service users and carers. This report to be presented to the Governance Committee.	<ul style="list-style-type: none"> Assistant Director of Clinical Governance 	02 November 2009

No.	RECOMMENDATION	ACTION TAKEN TO DATE AS AT 16 MARCH 2009	FURTHER ACTION TO BE TAKEN	LEAD(S)	TIMESCALE
13.	The assessment of carers and the progress the MH Trust makes in this area should form an annual report to the Board on the impact future engagement and assessment of need has. The progress should be measured against the existing action plan already developed by the MH Trust with the format of the report being reflected in the action plan to address this recommendation. (19.5)	<p>Carers' assessments are already reported in our monthly performance report.</p> <p>A monthly report goes to the Trust Board and this identifies the number of carers who have received an assessment in the previous month.</p>	<ol style="list-style-type: none"> 1. More detailed assessment report outlining gaps in the process of carers' assessments with an associated action plan to be submitted as a report to the Governance Committee. 2. Further development is needed to establish the number of eligible carers within services and the number of those offered, accepting and having an assessment. There is a need to identify when carers turn down the offer of assessment. 	<ul style="list-style-type: none"> • Assistant Director of Clinical Governance • Dave Knapp, Head of Patient Experience 	05 October 2009