

Action Plan for the NICHE independent investigation into the care and treatment of Mr S

Issue/ Recommendation / Area of Learning identified	Action to address recommendation	Person(s) Responsible for completion	Action Owner (Manager)	Start Date	Target date for completion (or date completed)	What will the evidence of completion be / how will this be demonstrated?
Recommendation 1: The Trust must provide assurance that when staff in psychological therapies are transitioning between roles there is a formal review of clinical caseload, and the practitioners' job plan reflects their workload and commitments.	Guidance to be issued to all Psychology Strategic Leads through the Psychological Professions Committee on how to manage the process of transitions between roles. Where possible clinical commitments will continue into the new role if indicated and felt to be the most suitable outcome for the individuals or group involved. This would be documented in a formal job plan and reviewed monthly in Management supervision by both incoming and outgoing managers. Where not possible as a person is leaving the Trust a clear plan for all clients should be agreed with line manager as part of the exit procedures.	Guidance to be produced by DPT Head of Psychology and Psychological Professions. Line manager of current and new roles.	Head of Psychology and Psychological Professions. Line Manager	Sept 2022	Jan 2023	Psychological Professions Advisory Committee (PPAC) minutes Job Plans Change of Circumstance Forms Monthly Management Supervision record Discharge or transfer notes and Care Plans
Recommendation 2: The Trust must complete a review of current policy and advice to staff within psychological	The Trust is starting an ambitious reorganisation programme in Adult Services of the 'functional integration' of psychology into Core Teams. This requires ensuring that the	Service Manager of Psychology and Psychological Therapies PPT.	Core Senate Workstream Service Manager of Psychology	Started	March 2023	Functional integration of services project documentation.

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therapies about collaborative working with other services, to ensure that appropriate communication plans are in place.	psychological profession attends all multidisciplinary team meetings (MDT's) and there is shared ownership and decision making across all services.		and Psychological Therapies PP			Service Description and Standard Operating Procedures
Recommendation 3: The Trust must review the Standard Operating Procedures for the CMHTs and psychological services and ensure there are quality standards about the frequency and quality of communication with GPs.	These are currently being reviewed as part of the Integration and Community Service Framework and will be amended to include this recommendation.	Adult Services Managing Partner	Service Manager PPT Locality Managers for Community mental health teams (CMHTs)	Sept 2022	Jan 2023	Standard Operating Procedure
Recommendation 4: The Trust must provide assurance that there is a process in place to measure the efficacy of clinical supervision available in Psychological Therapies.	Clinical supervision, its use and effectiveness will be discussed at monthly Line Management Supervision with the Professional Lead and/or line manager. Any issues can either be resolved within the team or discussed with the Strategic Lead in monthly management supervision.	Strategic Lead for Adult Services	Strategic Lead for Adult Services	Sept 2022	Jan 2023	Monthly Management Supervision Regulation for Required Formal psychological Therapies Supervision Audit

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	Psychological Models required by the Trust have specific guidelines regarding the qualifications and experience of supervisors, regulated by the accrediting body. However, this will also be discussed at Monthly Line Management Supervision. Conduct an audit of existing supervision arrangements. The service has a supervision policy which will be reviewed in light of this report and changes in services.					Review Supervision policy
Recommendation 5: The Trust to complete a comprehensive review of risk assessment practices, to include: how staff are trained to complete the risk assessment tool on electronic patient record (EPR);	i) Revision of Trust Risk Assessment Policy – Policy R04. To include a focus on assessment, historical risk, formulation, management of safety and personalised plans. The importance of co-produced plans with the person and their family/support networks will be underscored. The policy will follow the evidence base in moving away from	Deputy Director of Nursing – Patient Safety	Deputy Director of Nursing – Patient Safety	In progress	i) 31 March 2023 ii) 31 March 2023 31 March 2023	i) Individual Safety and Harm Minimisation Policy ratified. ii) Clinical Risk Assessment training content/training package reflects Individual Safety and Harm Minimisation Policy.

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- the importance of carrying forward historic risk; and - Individual staff responsibility to ensure that risk assessments they complete are comprehensive, relevant and accurate.	checklists and blanket scales of 'high, medium, and low' to a personalised approach. The policy will contain user friendly, evidence based tools to assist clinicians in risk assessment and formulation. ii) Level 2 Clinical Risk Assessment training will be revised to reflect the new policy. The training will include learning from local patient safety incident investigations. Clinical Risk Training will incorporate a competency assessment linked to the new policy.					iii) Clinical Risk Assessment training incorporates a competency assessment linked to the Individual Safety and Harm Minimisation Policy iv) Regular audit of quality of Risk Assessments through Quality Review of Clinical Records, conducted by Clinical Team Leader/Practice Leads.
Recommendation 6: The Trust must review and revise the advice and guidance available to staff with regard to management of reports of non-recent	Review the existing guidance and training provided to clinicians on responses to allegations of historical / non-recent abuse.	Deputy Director; Safeguarding & Public Protection	Executive Director of Nursing		Action Completed	Guidance has been reviewed for clinicians on responding to historical abuse allegations. This has been approved by the Integrated Safeguarding Committee

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abuse in line the latest available national guidance, including the British Psychological Society guidance document on the management of disclosures of non-recent child abuse.						and is published on the Trust intranet. The information included in level 3 training (mandatory for all registered clinicians) regarding historical abuse has been reviewed. The Safeguarding Bulletin has published an article focussed on management of reports of non-recent/historical abuse (Oct 2022).
Recommendation 7: The Trust must ensure that there are systems in place to ensure that serious incident reports meet the standards of the Serious Incident Framework (SIF).	The Trust has an ongoing implementation project for the new Patient Safety Incident Response Framework (PSIRF), this will change the reporting, investigation and quality assurance processes for Patient Safety Incidents. In the meantime the Trust will ensure that all SI reports completed using the Serious Incident Framework (May 2015) are reviewed and quality assured using its current process which includes,	Head of Experience, Safety and Risk	Director of Nursing and Professions	September 2022 (PSIRF implementation)	October 2023 (subject to project implementation plan timescale)	The new PSIRF will have been implemented and the governance arrangements will have been agreed with the commissioners.

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	service level review, Senior Directorate level review and final Executive level review and sign off (Deputy Director and Director of Nursing and Professions).					
Recommendation 8 The Trust must ensure that there are systems in place to ensure that family members who experience a serious incident (such as this) are contacted and supported in line with NHSE standards and are offered the opportunity to be involved in the investigation.	The Trust has an ongoing Duty of Candour quality improvement (QI) programme linked to the PSIRF implementation project, this will review the new PSIRF guidance 'Engaging and involving patients, families and staff following a patient safety incident', to ensure that our practices and supporting arrangements comply with the guidance.	Head of Experience, Safety and Risk	Director of Nursing and Professions	September 2022	October 2023 (subject to project implementation plan timescale)	The Trust duty of candour (DoC) policy, guidance and training materials including e-learning will be updated to reflect the national guidance. DoC QI programme of work includes the development of: Learning & safety bulletin (copy attached) Drop in sessions developed to support managers with DoC queries Manager's review training available on request which covers DoC DoC eLearning module

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	In the meantime, The Trust will develop and implement a new policy that specifically deals with engaging with families of victims of homicide committed by patients of the Trust. This will also link where appropriate with existing policies and processes relating to serious incident investigation and support services.	Head of Experience, Safety and Risk	Director of Nursing and Professions	June 2022	November 2022	The policy will be ratified and published.
NHS Devon ICB Recommendation 9: NHS Devon CCG must ensure that the quality assurance process for the review of serious incident investigations meets NHS England standards.	Review NHS Devon's quality assurance process for the review of serious incident investigations and strengthen it as required to ensure it meets or exceeds NHS England's standards.	Head of Patient Safety, NHS Devon Integrated Care Board (ICB)	Director of Nursing & Quality / Deputy Chief Nursing Officer NHS Devon ICB		Action completed	NHS Devon's Serious Incident report quality review template was updated in May 2022 and is in line with NHSE Serious Incident Framework guidance. A blank template provides evidence as to completion of this action. Completed reviews will be audited to provide assurance regarding the quality of the reviews. NHS Devon will ensure compliance with Patient Safety Incident Response Framework (PSIRF)* on

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						implementation of PSIRF. *Please note PSIRF is replacing the 2015 NHSE Serious incident Framework.
Mandatory Action for all action plans	Final review of all actions and supporting evidence to be completed by the identified service lead before agreement of the completion and closure of the action plan.	Deputy Director of Nursing – Patient Safety		October 2023	November 2023	The identified service lead will provide written confirmation to the Experience, Safety and Risk Team authorising the closure of the action plan on the risk management system.

Service Lead(s) for Action Plan (Overall responsibility for plan)

Name	Devon Partnership NHS Trust
Role	Deputy Director of Nursing – Patient Safety
Directorate	Nursing and Professions

Service Lead(s) for Action Plan (Overall responsibility for plan)

Name	NHS Devon
Role	Director of Nursing & Quality / Deputy Chief Nursing Officer
Directorate	Nursing & Quality, NHS Devon ICB