Sheffield Health and Social Care NHS Foundation Trust

Action Plan
Independent Investigation
SI 2011/5940

**Presented to Sheffield Health and Social Care NHS Foundation Trust Board of Directors
5 November 2014**

**Presented to Sheffield Clinical Commissioning Group Clinical Executive Team
11 November 2014**

Recommendation 1

To maximise the impact of the Trust's focus on record-keeping standards, the Independent Team recommends that a more traditional peer review audit approach is instituted. Such an approach aims to deliver consistently high quality record keeping and regular opportunity for reflective practice.

The Independent Team also recommends to each management team in the adult community and inpatient services that it ensures there is transparency with regards to this component of its commitment to enhancing quality, and assuring consistency of practice standards.

Effect of recommendation on Patient Service

Action taken to date	Completed when	Evidence	Agreed Action	Lead	Start and proposed finish dates
Discussions held regarding engaging a facilitator. Agreed that further scoping work was required to understand current arrangements.			Identify a corporate facilitator to establish and oversee the process of peer review within the In-patient and Community Directorates.	Head of Integrated Governance	Complete January 2015
			The Corporate Facilitator will: • set up a working group to determine which tool should be used for peer review of records • arrange the administrative processes to ensure the Peer Review groups can meet • obtain the required number of peer review facilitators from directorates • ensure that the facilitators for the peer review (eg Band 6 or Senior Practitioners) are adequately trained to undertake this process • develop a process for collecting and analysing the qualitative data from the peer review in order to inform peer groups across the Trust and the Quality Assurance Committee.	Corporate Facilitator In-patient and Community Directorate Directors (nominating peer reviewers)	Start January 2015 Complete June 2015

Peer review methods included in future records audit processes.	December 2014	Records audit guidance amended to incorporate peer review methods.	Review the Trust's records auditing process to ensure that it includes a peer review method which gives feedback to practitioners in real time. The review should also consider traditional ways of reviewing records that the Trust has previously used.	Audit Manager	Complete December 2014
			Consider whether the Trust's Supervision Policy should be amended to include the requirement of supervising officers to review at least one care plan and one completed risk plan during each supervision.

Ensure supervising officers receive additional guidance on the need to regularly review service user care planning documentation, where this requirement is not incorporated into Trust policy. | Acting Director of HR/Director of Psychological Services

Clinical and Service Directors | Start December 2014 Complete February 2015

Start February 2015 Complete March 2015 |

Recommendation 2

The Community Services Directorate must agree core components of the assessment process, including risk assessment that must be conducted for all unscheduled care contacts regardless of an individual practitioner's perspective about a patient.

Effect of recommendation on Patient Service

This will deliver a consistent approach to the assessment of these service users and enhance the defendability of decisions made.

Action taken to date	Completed when	Evidence	Agreed Action	Lead	Start and proposed finish dates
Insight system has a module that enables staff to log children that the service user has parental responsibility for or significant contact with. Inclusion of learning from Serious Case Reviews is included in Safeguarding Children training.	December 2014	All staff email sent to Trust employees with guidance re procedures. Insight system shows electronic form is available. Findings from baseline audit undertaken 6 months after implementation (audit to be undertaken in quarter 2 2015/16 and findings will be available in quarter 3 2015/16).	Ensure Every Child Matters (ECM) Form is available on Insight and that staff complete this for all children that the service user has parental responsibility for or significant contact with. Insight will generate the production of a letter to the health visitors' office informing of the Trust's involvement with the service user.	Safeguarding Children Lead/Director of IT	Roll out complete by December 2014
			Develop and issue guidance for staff on how to deal with unscheduled contacts in person.	Clinical and Service Directors in In-patient and Community directorates	Start February 2015 Complete March 2015
			Audit the recording of unscheduled contacts in person using the agreed tool.	Clinical and Service Directors in In-patient and Community directorates	Start April 2015 Complete May 2015
			Audit the recording of unscheduled contacts in person using the agreed tool.	Clinical and Service Directors in In-patient and Community directorates	Start April 2015 Complete May 2015

Recommendation 3

The Trust must ensure that all of its lead investigating officers for serious incidents, complaints and professional performance reviews know how to apply the National Patient Safety Agency's Incident Decision Tree.

Effect of recommendation on Patient Service

The purpose of this is to achieve transparency and consistency across the organisation about how recommendations stating that an individual professional performance review is necessary are made.

Action taken to date	Completed when	Evidence	Agreed Action	Lead	Start and proposed finish dates
			Train the Trust's top team of investigating officers in the use of culpability frameworks, eg the NPSA's Incident Decision Tree (IDT). Ensure that officers work with HR on all such cases. It is acknowledged that the IDT is not currently available to use online, however, the principles must be applied whenever appropriate and the online tool must be used when available.	Head of Integrated Governance	Start January 2015 Complete March 2015

Recommendation 4

The Trust must ensure that all of its Senior Practitioners have in place up to date job descriptions which make clear the remit of the position and the essential features against which the success of the post holder will be measured.

Effect of recommendation on Patient Service

If this is achieved there should be clarity amongst this group of professionals regarding common goals and values regardless of the team they are working with and those goals that are specific to the team they are working with.

Action taken to date	Completed when	Evidence	Agreed Action	Lead	Start and proposed finish dates
Evaluation of Senior Practitioner role in in-patient areas has been undertaken. Further leadership review is required.			Develop Senior Practitioner job descriptions which specify the core deliverables and requirements of the job that Senior Practitioners are delivering to ensure consistency across directorates.	Service Directors from In-patient and Community Directorates	Start December 2014 Complete March 2015

Recommendation 5

The Trust needs to be consistently confident that its serious incident reports demonstrate:
- Where practice met and/or exceeded expected practice standards
- Where practice seriously fell below expected practice standards
- A systems analysis of each serious practice lapse identified so that it properly understood
- That the findings, conclusions and recommendations set out in an investigation report are evidence based

The Trust is also encouraged to explore how it can develop a 'top team' of investigators who have the following competencies:
- Competent construct of an analytical timeline and/or safety control process map.
- Effective investigative interview skills.
- Knowledge about a range of other effective information-gathering techniques such as observational studies, surveys, etc.
- Know-how to conduct an auditable and repeatable information analysis of all data (evidence) gathered.
- A good understanding of human factors/systems analysis and understands how to apply this to the analysis of any serious lapses identified in the care and treatment of the patient.
- Understands what constitutes a robust recommendation.
- Understands the 'fail-safe' attributes of the recommendations made.
- Effective report-writing skills (plain English as a minimum).

Effect of recommendation on Patient Service

The achievement of the above should deliver:
- Reports that stand up to scrutiny
- Reports that demonstrate the Trust's compliance with the principles of 'Being Open'
- Recommendations that lead to systems focused, S.M.A.R.T action plans with outcomes that can be measured.

Action taken to date	Completed when	Evidence	Agreed Action	Lead	Start and proposed finish dates
Risk Management Team has commenced discussions regarding reviewing the Trust's serious incident documentation.			Review the Trust's serious incident report template to ensure the areas above are incorporated.	Head of Integrated Governance	Start December 2014 Complete March 2015
Guidance on the revised documentation will be developed following completion of the above review.			Develop and issue guidance on the revised template to investigating officers.	Head of Integrated Governance	Start December 2014 Complete March 2015
			Audit investigation reports to ensure they are meeting the required standards.	Head of Integrated Governance	Start March 2015 Complete May 2015

			Train the Trust's top investigation team (training to be provided by Consequence UK).	Head of Integrated Governance	March 2015
External review of serious incident procedures has commenced. It has been recommended that the findings from this review must be considered in relation to the development of the business case.			Develop a business case for consideration by the Trust to create an investigation team that will undertake all investigations across the organisation.	Head of Integrated Governance/Acting Director of HR/Head of Corporate Affairs	Start March 2015 Complete May 2015

Recommendation 6

The Trust needs to achieve a situation where each directorate management team has a common approach and standard when it comes to following-up on professional performance recommendations arising from a serious incident investigation.

Effect of recommendation on Patient Service

Action taken to date	Completed when	Evidence	Agreed Action	Lead	Start and proposed finish dates
Initial discussions have commenced.			Develop guidance on how to deal with lapses in individual's' performance. The guidance must define: • A Team Manager unconnected with the team involved in the incident, or Associate Director, should be appointed to facilitate the 'deep dive' into an individual's reflection on his/her practice. • Clinical supervision following a lapse in professional practice standards is never provided by a colleague who was also involved in the same incident scenario.	Head of Integrated Governance	Start December 2014 Complete March 2015
The Service User Safety Group Terms of Reference have been revised in order to develop more robust and transparent handling of serious incident action plans.			Develop a robust, auditable process for logging and monitoring recommendations to ensure a clear implementation trail and transparency of the recommendations' impact(s).	Head of Integrated Governance	Start December 2014 Complete March 2015

Recommendation 7

The process of risk assessment must enable the classification of riskiness of service users across a range of indicators using an approach that supports the maintenance of team focus on clients who do not meet classical high-risk criteria

Effect of recommendation on Patient Service

Action taken to date	Completed when	Evidence	Agreed Action	Lead	Start and proposed finish dates
			Establish a working group to develop a quantifiable way of rating risk factors that can be used to rate (eg RAG rate) the Trust's current warning pop up messages on Insight. The list of risk factors must include both current and historical risks. Audit the outputs from the working group to determine effectiveness.	Director of IT, Service Director – Community Directorate/Assistant Service Director-Community Directorate and Senior Practitioner	Start February 2015 Complete April 2015

Recommendation 8

The Independent Team recommends that the Trust provides the Clinical Commissioning Group with the assurance it needs that trainee doctors are supervised in line with current RCOP guidance.

Effect of recommendation on Patient Service

Action taken to date	Completed when	Evidence	Agreed Action	Lead	Start and proposed finish dates
Guidance sent to consultants.	December 2014	Copy of correspondence sent.	Royal College supervision guidance to be sent out to consultants.	Clinical Director – Community Directorate	Start December 2014 Complete January 2015
			Audit of RCOP supervision, in line with guidance, to be undertaken.	Clinical Director – Community Directorate and Clinical Audit Manager	Start January 2015 Complete March 2015
			Undertake a survey of doctors and other non medical practitioners to provide an indication of how available they feel doctors are. Discuss the availability of Section 12 doctors in the Out of Hours working group.	Clinical Director – Community Directorate and Clinical Audit Manager	Start January 2015 Complete March 2015
			Issue guidance to staff outlining the role of Section 12 Doctors, to ensure staff are aware of their role to provide advice to teams as well as carry out Mental Health Act assessments.	Clinical Director – Community Directorate	Start December 2014 Complete January 2015
			Consider developing guidance for staff regarding when to seek a medical opinion.	Clinical Director – Community Directorate/Medical Staffing Committee	Start January 2015 Complete March 2015