

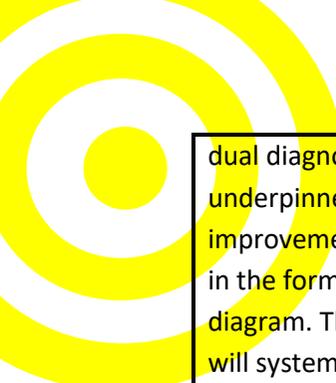


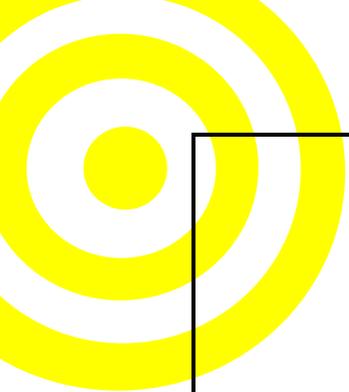
Action Plan in Response to the Independent investigation into the care and treatment of a mental health service user

RECOMMENDATION 1	<p>The revised contract for the provision of substance misuse services should identify how patients' records are to be transferred to a new provider.</p> <p>Lancashire Local Authority should convene regular Shared Care meetings, with representation from prescribing agencies, primary and secondary health services and community pharmacies. These meetings should provide a forum to:</p> <ul style="list-style-type: none"> ○ Monitor and evaluate performance of agencies against their Shared Care contracts. ○ Highlight and resolve any commissioning, contractual and agency concerns. ○ Review any serious incidents, near misses and complaints. ○ Oversee joint serious incident investigations. <p>The Local Pharmaceutical Council, substance misuse services, NHS England should consider undertaking a review to ascertain the value of making an adjustment to the PharmOutcomes system so that it notifies all the involved shared care services when a supervised consumption patient has missed a single methadone collection. This review should take place within six months.</p>				
Lead organisation	Lancashire Local Authority, Local Pharmaceutical Council, NHS England and services involved in the provision of shared care services in the Lancashire area.				
Planned action	Start date	Finish date	Action owner	Outcome/target	Supporting evidence
<p>No action required for LCFT</p> <p>Lancashire County Council are leading development of the actions in response to this recommendation.</p>					

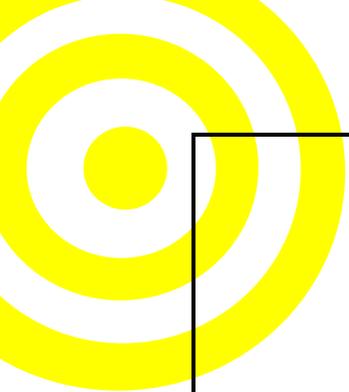


RECOMMENDATION 2	<p>Lancashire Health and Wellbeing Board should assume responsibility for the coordination of a forum to develop and implement a local dual-diagnosis protocol that provides:</p> <ul style="list-style-type: none"> ○ A coordinated and collaborative whole system integrated pathway to support individuals who misuse substances so that they have access to high-quality physical and mental healthcare, housing and employment. ○ A senior strategic board that oversees and monitors the implementation of the dual-diagnosis protocol across all of the health and social care sectors. ○ Clarity with regard to interagency information sharing and the management of risk, shared care arrangements, including care coordination. ○ Biannual meetings with representatives from all involved sectors with the aim of developing robust interagency relationships, to share lessons learned from serious incidents and to proactively identify and manage interagency issues. 				
Lead organisation	Lancashire Health and Wellbeing Board, Lancashire Local Authority (Public Health), Lancashire Clinical Commissioning Groups, Lancashire Care NHS Foundation Trust and provider(s) of substance misuse, housing and judicial services.				
Planned action	Start date	Finish date	Action owner	Outcome/target	Supporting evidence
Development and implementation of a multi-agency dual diagnosis protocol.	Already underway	30 June 2018	Phil Horner, Deputy Network Director Mental Health Network Lee Harrington Senior Public Health Practitioner Health Equity, Welfare and Partnerships Lancashire County Council	Implementation of the new multi-agency dual diagnosis protocol across agencies.	Signed off protocol
Develop an overarching quality improvement aim to improve experiences and outcomes for people with a	1 April 2018	31 March 2019	Anne Allison: Associate Director of Quality Improvement and Experience	The overarching quality improvement aim: all community mental health team staff will be fully	Evidence will be documented in Life QI





				<p>and the achievement of their desired outcomes.</p> <p>Clinical outcome measures for people with a dual diagnosis will show improvement</p> <p>Reduced incidents with harm for people with a dual diagnosis</p>	
Audit of the implementation of the protocol	1 April 2019	30 September 2019	Catherine Dunn, Lancashire Care NHS Foundation Trust	<p>Audit report identifying areas of compliance against protocol and areas for improvement. The audit will contribute to the testing of the quality improvement plans impact and inform any areas needing further attention.</p>	Completed audit report
Testing of a multi-agency locality meeting about service users who are/have disengaged	1 April 2018	1 September 2018	<p>Phil Horner, Deputy Network Director Mental Health Network</p> <p>Lee Harrington Senior Public Health Practitioner</p>	<p>Reduced incidents with harm for service users with a dual diagnosis</p> <p>Improved patient reported and clinical outcome measures for service users with a dual diagnosis</p>	Minutes of the multi-agency locality meeting



			Health Equity, Welfare and Partnerships Lancashire County Council		
Delivery of Biannual meetings with representatives from all involved sectors with the aim of developing robust interagency relationships, to share lessons learned from serious incidents and to proactively identify and manage interagency issues.	1 September 2018		Safety and Quality Governance Business Partner for the Mental Health Network Quality Improvement Lead aligned to the Dual Diagnosis Quality Priority	Improved knowledge of practitioners across all agencies involved Reduced incidents with harm for service users with a dual diagnosis	Evaluation of programme from meetings and impact on knowledge of practitioners Number of serious incidents involving service users with a dual diagnosis



RECOMMENDATION 3	Lancashire Care NHS Foundation Trust should consider developing a new risk assessment tool that includes both a risks management and crisis plans which involves both the patient and all other involved agencies.				
Lead organisation	Lancashire Care NHS Foundation Trust				
Planned action	Start date	Finish date	Action owner	Outcome/target	Supporting evidence
<p>The Trust implemented a new clinical risk assessment tool and process after the incident as part of planned improvement work.</p> <p>The Trust will consider further improvement from the findings of this investigation. A review of the current training provided to clinical staff will take place, including decisions about what training is mandatory, and the content of this training. Particular attention will be paid to the importance of emphasising a longitudinal approach to risk rather than simply focusing on recent risk indicators.</p>	Already underway	31 March 2019	Helen Lilley/Clare Benson, Lead Nurse, Mental Health Network, Lancashire Care NHS Foundation Trust	<p>Updated clinical risk assessment procedure</p> <p>Updated clinical risk training in mental health.</p> <p>Demonstration of MDT involvement in development of training package, as well as evidence base used to inform training.</p> <p>Clinical records will include good quality clinical risk assessments</p> <p>A reduction in the number of serious incident investigations where the clinical risk assessment is identified as a clear contributing cause.</p>	<p>Updated clinical risk assessment procedure</p> <p>Feedback from staff</p> <p>Training programme and attendance records</p> <p>Audit of clinical records will demonstrate good quality clinical risk assessments are in place</p>