



An Independent External Quality Assurance Review in Respect of Mental Health Service Users Mr A and Mr B in Birmingham

The below action plan details the progress against the recommendations outlined in the above independent review. A copy of the full review can be found on the [NHS England website](#).

	Domain	Recommendation	BSMHFT Grading in review	Evidence
1.	Bed Management	The bed management policy is to be reviewed and a clear monitoring process put in place.	B	See below.
2	Bed Management.	The bed management policy is sufficiently robust, understood and implemented by clinicians and senior managers in a way that keeps people safe.	D	The Bed Management policy was reviewed following the original Domestic Homicide Review. Following this external quality assurance review the policy has been reviewed again and a new version is due to be ratified in October 2018. The policy includes a section that is clear on audit and assurance of the policy.
3	Access to Approved Mental Health Professionals (AMHPs).	The city council is to ensure that the new AMHP service is implemented as soon as possible and enshrined in training and policy with guidance.	C	This relates to Birmingham City Council and is therefore outside of the remit for BSMHFT to provide assurance.

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4	Transitions.	Ensure that teams are complying with the transfer and transition policy and there is a detailed handover meeting for a service user transferring to another team for longer term care, involving relevant agencies and engaging with as wide a range of family members as reasonable.	C	<p>This policy has recently been updated and ratified and as detailed in the policy, compliance is monitored through the Trust's Clinical Governance Committees, Operational Performance Meeting, reports to Trust Board and NHS Improvement.</p>  <p>Admission, Discharge and Transfer Policy.p</p>
5	The care programme approach (CPA) and crisis plans.	Ensure that crisis plans are built into CPA care planning and followed.	B	<p>Crisis plans are incorporated into the CPA care plans which service users have a copy of. This is monitored through electronic reporting systems which currently identifies that 82% of patients have a crisis plan in recorded.</p>
6	The care programme approach (CPA) and crisis plans.	Put in place procedures and monitoring arrangements to ensure that the assessment for specialist mental health services involves includes all significant others living with and involved in the life of the service user and include meaningful contact with the patient in order to establish their mental state and degree of risk before being considered complete.	C	<p>A carers pathway project group has been set up to strengthen how we engage with families and carers</p>  <p>Family & Carer Pathway - Board upd:</p> <p>The families and carers pathway project was initiated to ensure support for those who support our service users, and also that families and carers are appropriately included when planning service users' care.</p>

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				<p>The key deliverables are to ensure that each service user has a carer identified in their clinical record, to offer an in-house assessment plan to carers and signpost them to support services, to include carer's opinions when planning interventions and to evidence all of this. A number of early implementer sites were selected, representing both inpatient and community settings, followed by a phased roll out across the Trust.</p> <p>BSMHFT is signed up to the 'Triangle of Care', which is a working collaboration, or "therapeutic alliance" between the service user, professional and carer that promotes safety, supports recovery and sustains well-being. An effective triangle of care model is where there is a three-way partnership between service user, services and carers/family.</p> <p>The Trust's suicide prevention strategy and training includes the importance of engaging with families and carers and the Executive Medical Director has made a video for staff to reinforce Caldicott guidelines around sharing information with carers.</p>
7	The care programme approach (CPA) and crisis plans.	Put in place procedures and monitoring arrangements to ensure that all health and social care assessments, risk assessments and carer's assessments are regularly reviewed and up-dated as directed by the CPA process, and at a minimum annually.	A	The process and systems which graded A remain in place.

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8	The care programme approach (CPA) and crisis plans.	Ensure that each assessment includes all relevant information from family, friends, carers and others but must include meaningful contact with the patient in order to establish their mental state and degree of risk before being considered complete.	C	 <p>Care Programme Approach and Care S</p> <p>This recommendation is addressed within our Care Management and CPA/Care Support Policy, the latest version of which was ratified in July 2016 – attached.</p>
9	Medication concordance and risk assessment.	Ensure that staff recognise poor concordance with medication as an indicator of risk and that non-concordance is incorporated into the risk management plan of the CPA.	B	There is a section on medication concordance in the risk assessment on our electronic patient record.
10	Medication concordance and risk assessment.	Implement a clear protocol for monitoring medication concordance for people who are considered to require sustained (long-term) treatment with antipsychotic medication that can review actions and risk against concordance.	B	<p>The Trust has clozapine guidelines in place, the latest update to which was agreed in July 2018.</p>  <p>Clozapine abrupt cessation and red rec</p>
11	Medication concordance and risk assessment.	Risk assessment training to consider risk in its broadest sense, and ensures all practitioners can consider potential as well as actual risk to the individual as well as to those around them.	D	The Trust's risk assessment training is currently being reviewed and it is anticipated that an updated version will be available from early 2019. This includes development of a core skills framework and a refresh of e-learning and face to face training.

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				<p>As stated in the external quality assurance review that reviewed and graded this recommendation:</p> <p>“this is balanced by the fact that issues of risk embedded in practice through discussion at the multidisciplinary team meeting every week and in HTT every patient is discussed every week. Care plans are updated weekly after the review. If risk is escalating quickly an urgent review is undertaken at every shift handover to ensure all staff are aware and they have the option of bringing forward the medical review.”</p>
12	Medication concordance and risk assessment.	Ensure that all staff are complying with clinical and management supervision policies ensuring that the management of clinical risk is imbedded in multi-disciplinary meetings, with emphasis on the role of the carer and family members.	C	In relation to the role of the carer and family members, please see response to number 13 below.
13	Carer's assessments, involvement and engagement.	Families and carers, and where a significant other is offering a caring role, are to be made aware of their right to a carers assessment. The offer must be clearly documented, with reasons provided if not accepted, and a date set to revisit this with the carer. Carers assessments are to lead to care plans, which are to be followed, informed by the family's or carer's wishes.	C	<p>A carers pathway project group has been set up to strengthen how we engage with families and carers</p>  <p>Family & Carer Pathway - Board updi</p> <p>The families and carers pathway project was initiated to ensure support for those who support our service users, and also that families and carers are appropriately included when planning service users' care. The key deliverables are to ensure that each service user has a carer</p>

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				<p>identified in their clinical record, to offer an in-house assessment plan to carers and signpost them to support services, to include carer's opinions when planning interventions and to evidence all of this. A number of early implementer sites were selected, representing both inpatient and community settings, followed by a phased roll out across the Trust. In addition, we have worked with a team of carers to develop a guide for families and carers to support planning for the future and emergency planning. The guide was funded through the Trust's Caring Minds charity and launched at an event in September 2017.</p> <p>BSMHFT is signed up to the the 'Triangle of Care', which is a working collaboration, or "therapeutic alliance" between the service user, professional and carer that promotes safety, supports recovery and sustains well-being. An effective triangle of care model is where there is a three-way partnership between service user, services and carers/family.</p>
14	Record keeping and information sharing.	Jointly review the information sharing and record sharing protocol to ensure that records are integrated to enable effective sharing of records across the two agencies when both are involved in supporting a service user and their carer.	D	There have been information sharing protocols in place with FTB since 2016 and these are currently in the process of being renewed. Licences are in place for staff from FTB to access the BSMHFT electronic patient record system and vice versa.

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15	The role of the nearest relative and police powers of entry.	West Midlands Police to provide practice guidance for mental health practitioners about police officers power of entry and search of premises without a warrant, to save life and limb or prevent serious damage to property as per Section 17 Police and Criminal Evidence Act 1984	B	<p>This relates to West Midlands Police and is therefore outside of the remit of BSMHFT to provide assurance.</p> <p>However, we can advise that this is part of Mental Health Act training for doctors and that the National College of Policing already provides professional guidance on this subject which is available to anyone to access at:</p> <p>https://www.app.college.police.uk/app-content/mental-health/mental-health-detention/#police-powers-to-enter-and-detain</p>