



Psychological Approaches

Review of Action Plan to address recommendations as detailed in the independent investigation into the care and treatment of Mr LO

Ref: MHHR LO (incident 154830, April 2022)

Summary review of recommendations & action plan to report presented in October 2024

October 2024

The Full Report of May 2023 is available on request

Table of Contents

1. Process for audit and review
2. Summary background
3. Conclusions of original investigation
4. Recommendation 1
 - *Meaningful Activity*
 - *Evidence*
 - *Conclusion*
5. Recommendation 2
 - *Risk Assessment Documentation*
 - *Evidence*
 - *Conclusion*
6. Recommendation 3
 - *Clozapine*
 - *Evidence*
 - *Conclusion*
7. Recommendation 4
 - *Safeguarding*
 - *Evidence*
 - *Conclusion*
8. Appendix (1)
 - Oxford Health NHS Foundation Trust Action Plan Progress*

Process for audit and review

1. After internal review and accuracy check, the final report was provided to NHS England/NHS Improvement (South East Region) in May 2023.
2. In liaison with the Psychological Approaches team, NHSE requested a follow up audit of the recommendations and action plan in May 2024
3. Psychological Approaches have since been in dialogue with Oxford Healthcare NHS Foundation Trust to seek information to support and demonstrate evidence of progress against the recommendations and action plan. This was provided on the 1/10/24, see Appendix (1)
4. A MS Teams meeting was held on the 9/10/24 to discuss the evidence provided and to hear presentations against the recommendations from key staff involved in its implementation to clarify and further enhance the assurance framework.

Present

John Enser, (Panel Chair) - Psychological Approaches

Lisa Dakin, (Panel Team) - Psychological Approaches

Jane Kershaw, (Head of Patient Safety) – Oxford Health NHS Foundation Trust

Julie Fulea, Oxford Health

Steven Frediani, (Clinical Lead OT in community rehab (for Rec 1.) – Oxford Health NHS Foundation Trust

Matt Atkins, (Clinical Lead for Pathology (for Rec 3.) – Oxford Health NHS Foundation Trust

Lisa Lord, (Head of Safeguarding (for Rec 4.) – Oxford Health NHS Foundation Trust

Lucien Champion, (Head of Independent Investigations), NHSE – South East

Louise Jane – Senior Clinical Improvements Manager, NHSE – South East

Brief summary background

5. During the early hours of the 20/04/2022, police entered a flat located within a block of supported accommodation. The bodies of a couple in their late 60s were found deceased with multiple injuries. LO was also found deceased at the scene. On the 15/02/23 at Beaconsfield Coroner Court it was concluded that that LO had entered the flat of the victims, who lived opposite to his mother's flat and stabbed them multiple times before then fatally stabbing himself.

Background

6. LO was a white British male. He was 51 at the time of the homicide and very well known to mental health services with a long-standing diagnosis of treatment resistant paranoid schizophrenia. He was unemployed and lived in supported accommodation in the community.
7. The panel met with LO's aunt and cousin who lived in close proximity to LO and knew him well, he was an only child. They described his early years, up until he went to secondary school, as largely uneventful.
8. In April 2020, LO began an admission that spanned almost a year after he stabbed himself in the chest. This was a few weeks after the first national lockdown of the Covid 19 pandemic and provided the starting point for the enquiry.

Conclusions of original investigation

9. The final report addressed each of the ToR independently, providing comment and conclusions on each. Before, providing a brief concluding statement and three principal recommendations, as shown below.

Recommendation (1) – Meaningful activities

Engaging in meaningful activities has multiple recognised benefits for people with chronic health conditions. Consideration should be given pre-discharge as to how patients such as LO could be further supported in developing and achieving a program of supported activities once back in the community. Where appropriate drawing on the experience of family members and significant others who may be able to assist.

Evidence in support of Recommendation (1)

10. The Trust fed back that investment has been made into the development of a new Community Rehabilitation Team. The manager and clinical lead for the new service provided an overview and update on the progress made.
11. The meeting heard that the team began taking patients in May 24 from the inpatient rehabilitation ward and the acute wards, with an initial plan to provide a short-term rehab model to prevent readmissions.
12. During a recent team "away day" the team reviewed progress and concluded that the initial timescales for patient inclusion were too short, which has led

them to develop an enhanced rehab pathway which will now last for 6-12 months.

13. The team is made up of and Occupational Therapists, 0.5 Psychologist, band 4 rehab worker, support workers, an Occupational Therapist apprentice and some administrative support. The team are currently anticipating a caseload of 15-25 patients once they are fully staffed.
14. The team also aim to offer consultation support to community teams and residential placements who provide care to individuals with long term chronic psychosis who have functional impairment. With the principal aim to prevent readmission.
15. An evidence base to support outcome measure has been developed using the DIALOG rating scale and OT improvement measures.
16. The clinical lead gave a brief overview of a case study to bring the work of the team to life for the meeting.
17. The meeting inquired about the connections to patients' families and was informed that the team aims to build upon the existing "Think family" pathway. The team acknowledged that they were still in the development phase and may consider seeking additional support for a specific role focused on family work in the future.
18. The team also shared that some of their caseload were older with elderly parents, which brought further challenges. They did, however, have access to Meridian brief family therapy and could also utilise the skill of systemic family therapists who in-reach to the wards.
19. In general discussion the meeting noted that this work represented the beginning and was not the end of the journey. In addition, the importance of partnership working with other services was stressed which may supplement the work of the team, such as the new physical health team for the county which can support those with significant physical health challenges. E.g. joint visits.

Conclusion

20. The panel agree that the action is complete albeit not yet fully embedded.

Therefore, the requirements of the Recommendation (1) have been met and processes are in place for ongoing monitoring. **Action: Complete**

Recommendation (2) – Risk Assessment Documentation

The panel found that risk assessment practice was generally good, but the way the Trust record risks with an extensive ‘catch all’ list meant that key risks could be lost within a multitude of less significant concerns. This could potentially cause staff to miss significant information when reviewing and it is difficult to quickly determine the current team risk formulation. Therefore, the Trust should review their format for collecting risk information to ensure that the most up to date risk formulation is adequately highlighted.

Evidence in support of Recommendation (2)

21. The panel saw in the action plan and heard in the meeting about the work that the Trust have done in implementing significant change in services to the way in which risk is recorded and presented. The risk assessment and formulation form on RiO has continued to be developed as well as the ‘my safety plan’ template. To support this, screenshots were shared of the new risk formulation format which is much improved in showing an up-to-date risk formulation which is now easily accessible.
22. In addition, a revised Clinical Risk Assessment and Management (CRAM) policy was shared. This revised policy has added a focus on involving families in risk formulation.
23. Information on training in relation to the above was shared in the action plan and currently stands at 77% of the total clinical staff group. In addition, Team based training on clinical formulation of risk was also developed to supplement CRAM by the Nurse Consultant lead for suicide prevention and circulated to teams in Sept 2023.
24. Feedback was also provided which indicated that webinars on risk management and other suicide prevention themes are held regularly and clinical practice educators specialising in risk management/suicide prevention are embedded with teams to offer practical support and training.

Conclusion

25. The panel have agreed that the requirements of the Recommendation (2) have been met and that processes are in place for ongoing monitoring.

Action: Complete

Recommendation (3) – Clozapine

3 (a) Carry out an audit of individuals who are prescribed Clozapine in the community to assess the pathway from blood test to medical review to delivery of any change in prescription.

3 (b) Implement a system which facilitates easy access to the most recent serum Clozapine levels for routine consideration against prescribed dose and current symptomology at ward rounds.

Evidence in support of Recommendation (3 A&B)

26. The Clinical Lead for Pathology, POCT & Phlebotomy presented a six-month pilot around finger prick tests for clozapine levels. This gives onsite testing with results in 6 mins. Audit shows this has been overwhelmingly positively received by staff. It will be fully rolled out now in Oxford health. It will go into the clinical record and hopefully in the future to an app on patients own mobile phones.
27. The new system, which the Trust in Buckinghamshire has implemented is a rapid finger prick at the point of care testing for the measurement of Clozapine levels. This completely removes the need to draw venous blood, is fully mobile and provides results within 6 minutes. The audit indicated positive responses from clinicians and patients. The Trust intend to fully implement this system across its population when funding becomes available.
28. The panel have agreed that the requirements of the Recommendation (2) have been met and that processes are in place for ongoing monitoring.

Action: Complete

Recommendation (4) – Safeguarding

Whilst there was clearly evidence of a general understanding of the safeguarding issues, some of the complexities of this incident may have exposed a lack of in-depth processing, detailed exploration, and recording potential risks against specific individuals. The Trust should review and strengthen its processes for embedding safeguarding training into practice.

29. Feedback provided in the action plan demonstrated the progress that has been taken forward by the Trust in Buckinghamshire relating to the concerns raised by this investigation in both at level 2 and level 3. Examples of this were, in level 2 additional focus perpetrator and in level 3 training looking into a family group, vulnerabilities and possible threats related to each family member (Some slides were shared from this training).

30. Face to face adult and community safeguarding training is now available and safeguarding is also picked up in clinical supervision focussed on concerns and actions required.
31. The documentation has been reviewed on 'What good looks like'. It is also part of the training. There is now a dedicated adult and children safeguarding consultation phonenumber and a monthly newsletter.
32. Finally, a drop-in forum is available which is well-attended, and specific tailored support for teams is provided on request.
33. The above has helped to contribute towards closer working links with social care.
34. The panel have agreed that the requirements of the Recommendation (4) have been met and that processes are in place for ongoing monitoring.

Action: Complete

Appendix 1



Oxford Health
NHS Foundation Trust

Action Plan progress – MHHR LO (incident 154830, April 2022)

	Issue	Action Details	Responsibility Of	Target Date	Current Position	Evidence
1	<p>Meaningful activities <i>(important to note at the time there were still a number of restrictions due to the COVID-19 pandemic March-April 2022)</i></p> <p>Engaging in meaningful activities has multiple recognised benefits for those individuals particularly with chronic conditions. Consideration should be given pre-discharge as to how patients such as LO could be further supported in developing and achieving a program of supported activities once back in the community. Where appropriate drawing on the experience of family members</p>	<p>A Community Rehab Team is being developed with an aim to capture patients with SMI who require a higher level of input on discharge from ward environments.</p>	Julie Fulea	31/05/2024	<p>A Community Rehab team has been established and a number of posts have been recruited to.</p>	<p>Community Mental Health Framework newsletter with detail about new team on page 3.</p>  <p>Bucks_CMHF_Newsletter_Issue1.pdf</p> <p>Steven Frediani, Clinical Lead and Annette Powis, Team Manager for the new service are going to join the meeting on 09/10/24 to share the service model and some of the work they are doing with the patients they have been working with.</p>

	Issue	Action Details	Responsibility Of	Target Date	Current Position	Evidence
	and significant others who may be able to assist.					
2	<p>Risk Assessment Documentation</p> <p>The panel found that risk assessment practice was generally good, but the way the Trust record risks with an extensive 'catch all' list meant that key risks could be lost within a multitude of less significant concerns. This could potentially cause staff to miss significant information when reviewing. A clear alert front and centre for someone with a history of serious incidents could assist. Therefore, the Trust should review their format for collecting risk information to ensure that</p>	<p>Action already taken:</p> <p>Risk formulation enables staff to contextualise and highlight the areas of risks that need to be flagged. A new Rio risk assessment has being launched in May 2023 including risk formulation.</p>	N/A	31/05/2023	Action completed to review and amend risk assessment form on RiO to support clearer documentation of risk formulation.	<p>The risk assessment and formulation form on RiO has continued to be developed as well as the 'my safety plan' template. Attached screenshot of risk formulation section within risk assessment form. Training videos on using the forms has been developed for staff.</p>  <p>Screen shots of Risk Assessment and Form</p> <p>The Trust has a Clinical Risk Assessment and Management (CRAM) Policy was last updated in Feb 2023, attached, to</p>

	Issue	Action Details	Responsibility Of	Target Date	Current Position	Evidence
	serious risks are adequately highlighted.					<p>recognise shift to dynamic risk formulation and safety and to reinforce family/carer involvement. The policy sets out documentation guidance.</p>  <p>Clinical Risk Assessment and Mani</p> <p>Buckinghamshire mental health Directorate CRAM training performance at 77%. Team based training on clinical formulation of risk was also developed to supplement CRAM by the Nurse Consultant lead for suicide prevention and circulated to teams in Sept 2023 to complete over a 6 month period. Slides attached. All Buckinghamshire community teams have completed the training.</p>

	Issue	Action Details	Responsibility Of	Target Date	Current Position	Evidence
						 <p>guidance on risk assessment and form</p> <p>In addition, webinars on risk management and other suicide prevention themes are held regularly (recorded for all staff to access) and clinical practice educators specialising in risk management/suicide prevention are embedded with teams to offer practical support and training.</p>
3a	Clozapine Trust wide Clozapine pathway and provider - work is underway to review the overall clozapine pathway.	Carry out an audit of individuals who are prescribed Clozapine in the community to assess the pathway from blood test to medical review to delivery of any change in prescription	Tina Malhotra	31/05/2024	Audit completed of the pathway and outcomes shared.	Audit around process for pathway and timescales, completed in Feb 2024, attached findings. The findings were presented at the Directorate QI Hub in Feb 2024 and shared with the Directorate Clinical Director, agenda for QI Hub attached. The solution feeds into action 3b.

	Issue	Action Details	Responsibility Of	Target Date	Current Position	Evidence
						 Clozapine Audit to Present 2.pptx  02.Bucks QI hub Agenda February 2024
3b	Clozapine Implement a system which facilitates easy access to the most recent serum Clozapine levels for routine consideration at ward rounds alongside Clozapine dosage	Test and look to implement rapid finger prick/point of care testing for the measurement of Clozapine levels . Funding needed for project. An audit would be carried out post implementation to assess the impact via attitudinal study with both clinicians and patients.	Matt Atkins	31/05/2024 extended to 31/12/24 for full adoption	6 month pilot completed from March-Sept 2024 for rapid finger prick (point of care) testing for clozapine levels across all 4 Bucks inpatient wards and all patients that attend the clozapine clinics. Results available in 6 mins versus 3 weeks from laboratory. The pilot is going well, and staff and patient feedback has been collected throughout.	Background to support pilot;  MyCare Insite Cloz publication.pdf Patient feedback from pilot;  Pilot patient feedback.xlsx Pilot has been shared in number of forums including the Trust’s Clinical Effectiveness Decision

	Issue	Action Details	Responsibility Of	Target Date	Current Position	Evidence
						<p>Group, slides presented in May 2024 attached.</p>  <p>CEDG POCT May 2024.pptx</p> <p>Matt Atkins, Clinical Lead for Pathology, POCT and Phlebotomy who has led on the pilot is going to join the meeting on 09/10/24 to share more about the pilot outcomes, including patient and staff experience data and to answer any questions.</p>
4	<p>Safeguarding</p> <p>Whilst there was clearly evidence of a general understanding of the safeguarding issues, some of the complexities of this incident may have exposed a lack of in-depth processing, detailed exploration, and recording potential risks against specific individuals. The Trust should review and</p>	<p>Actions already Taken:</p> <p>New slide in Level 2 training, focusing on the perpetrator.</p> <p>Scenario in place on Level 3 training looking into a family group, vulnerabilities and possible threats related to each family member.</p>	Lisa Lord	31/05/2023	<p>The safeguard training delivered was strengthened.</p> <p>In addition, Clinical supervision includes safeguarding slots to discuss concerns and actions with staff. There is a weekly 1-hour safeguarding forum that takes place hosted by the safeguarding team, open to anyone from the</p>	<p>See training slides attached.</p> <p><u>Level 2 (slide 20)-</u> See separate saved document.</p> <p><u>Level 3</u> (professional curiosity slides 14 & 15 and risk (59). There is a strong think family theme throughout looking at</p>

	Issue	Action Details	Responsibility Of	Target Date	Current Position	Evidence
	strengthen its safeguarding training in this regard.				community mental health teams. There is also consultation line with access to the central safeguarding team to ask for advice/guidance.	<p>vulnerability/risk and the scenario is slide 48). See separate saved document.</p> <p>Buckinghamshire mental health Directorate; Adult level 2 – 97% Adult level 3 – 82%.</p> <p>Lisa Lord, Head of Safeguarding who led on this action is going to join the meeting on 09/10/24 to answer any questions about support and training for staff.</p>