
Assurance Statement

Publication date: 30 March 2022

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| Independent Investigation Title: | An independent investigation into the care and treatment of Mr G |
| Investigation undertaken by: | Sancus Solutions Ltd |
| Reference: | 2017 - 22382 |

Assurance statement in response to the independent investigation into the care and treatment of Mr G.

This statement has been produced in response to the independent investigation commissioned by NHS England, and undertaken by Sancus Solutions Ltd, under Appendix 1 of the Serious Incident Framework (SIF)¹ into the death of Mr G's stepfather in September 2017.

The executive summary of the investigation report was published on 30 March 2022 and is available on NHS England's website.

This statement is split into two sections.

1. Overview of Bradford District Care NHS Foundation Trust (BDCFT) Services and developments since September 2017
2. Formal response statement to investigation report
3. BDCFT's response to the recommendations that arose from the investigation

BDCFT undertook an internal Serious Incident (SI) investigation, in line with the SIF prior to the independent investigation. The independent investigation acknowledged that the SI report was comprehensive, well written and adequately addressed its terms of reference. The SI investigation identified some areas of learning and made recommendations for improvements. The independent investigation team were satisfied that BDCFT had actioned and completed all of the SI recommendations as evidenced in the associated action plan implemented in 2018.

Subsequently, there have been further developments and improvements made, some of which are monitored via the Trusts latest Care Quality Commission (CQC) action plan.

¹ The [NHS Serious Incident Framework](#) (2015) sets the expectations for when and how the NHS should investigate serious incidents.

1. Overview of Bradford District Care NHS Foundation Trust Services

Bradford District Care NHS Foundation Trust (BDCFT) is a provider of inpatient and community mental health, community health, dental, and specialist learning disability services. They support people of all ages who live in the Bradford, Airedale, Craven area and children (aged 0-19 years) in the Wakefield area. They also work with people from other areas when needed.

The trust was established in 2002 and authorised as a foundation trust in 2015. It employs over 3,000 staff and serves a population of over 580,000 people. The population is amongst the most diverse in the country with over 100 languages, and the trust's catchment area includes areas of high deprivation and higher than expected demand for health services.

The trust has 208 inpatient beds delivering care for those in acute mental health crisis (adults and older adults) and Assessment & Treatment for those with a learning disability. They are based across two sites; Lynfield Mount Hospital and the Airedale Centre for Mental Health.

At the time of the incident in 2017, the latest CQC rating received for the Trust (based on 2016 CQC Inspection) was 'Good'. However the next inspection carried out shortly after the incident in late 2017 reduced this rating to 'Requires Improvement' overall.

The inspection generated a comprehensive action plan to address all the areas of improvement identified and a significant period of improvement work was initiated and developed. Some targeted CQC inspection activity took place in the following year and a rating of 'Good' for inpatient wards was achieved in 2020. Regular assurance to the Board of Directors against the actions required continued to be provided, and internal auditors reviewed the evidence used to provide assurance that progress was being embedded and to assess the accuracy and confidence of the assurance received.

The most recent internal audit review of the embeddedness of these actions, undertaken in April 2021, concluded that all actions are at levels of 'significant assurance' and 'embedded'.

A further CQC core service inspection and Well-Led inspection in September 2021 concluded an overall rating for the Trust of 'Good' in 2021, alongside a rating of 'Good' for the well led inspection.

Significant improvements, using Rapid Process Improvement Workshop methodologies, have been made in the years since the incident in relation to:

- Governance processes, oversight and management of risk and performance within mental health services;
- A reduction in the use of restrictive interventions;
- Care planning and individual risk assessment processes, including service user and carer involvement
- Oversight and management of supervision, appraisal and mandatory training;
- Introducing daily lean management processes to ensure timely and appropriate escalation of risks and concerns in front line services
- Positive culture including the wellbeing of staff, openness and transparency and development of professional skills and innovation opportunities

The Trust is now implementing a strengthened Quality Assurance Framework which will proactively assess services against the CQC Key Lines of Enquiry and support the development of local quality objectives and improvement plans.

The landscape of healthcare has changed since the incident and BDCFT has worked with system partners to become an active part of the integrated care system. This has resulted in improved collaborative working across the Bradford area with partner agencies and healthcare providers.

2. Formal response statement to investigation report

Bradford District Care NHS Foundation Trust (BDCFT) has considered the independent investigation report and accepts all the findings and recommendations of the Sancus Solutions independent investigation report in respect of BDCFT.

Service development has advanced significantly since this incident in 2017 and the detail provided to the Sancus Solutions' quality assurance review, as detailed in section three, is intended to provide the assurance that the recommendations made by the investigation have been addressed and appropriate improvement work in relation to the quality and safety of services has been implemented.

This assurance statement is supported by an evidence file.

3. BDCFT's response to the recommendations that arose from the Sancus Solutions Ltd independent investigation

The independent investigation made a total of 10 recommendations. This section addresses recommendations 1, 3 – 7, and 9 in order as made by the report.

Recommendation number 2, 8, and 10 relate to other organisations and are therefore not included in this assurance statement which covers those recommendations specific to BDCFT services only.

Recommendation 9 was made jointly in regard to both Bradford District Care NHS Foundation Trust and Airedale NHS Foundation Trust. This statement provides only the BDCFT response.

Recommendation 1:

Bradford District Care NHS Foundation Trust should continue to develop and implement a protocol with local acute NHS trusts that adopts a multidisciplinary and multi-agency approach to the care and treatment of patients who require the involvement of multiple services – particularly patients who are detained under a section of the Mental Health Act 1983 and who also require an acute hospital admission.

BDCFT Response:

Bradford District Care NHS Foundation Trust in alliance with Bradford Teaching Hospital NHS foundation trust and Airedale NHS foundation trust have continuously reviewed the multi-disciplinary approach to care for service users detained under the Mental Health Act (1983) who also require an acute hospital admission to address their physical health.

The three trusts have undertaken a review of the BDCFT *Transfer and Discharge Procedure Covering Transfers to Acute Hospitals Transfers between BDCT Services Discharge to Other Providers Discharge from All Services* policy and ratified in February 2022. The mental health team will retain responsibility for ensuring that any specialist mental health care needs of the service user can be met effectively in the acute hospital whilst they remain under a section of the Mental Health Act. The principles of multi-disciplinary care are outlined within the policy and in accordance with the Care Programme Approach framework.

To strengthen mental health support and liaison within acute hospitals, BDCFT have been commissioned by the Clinical Commissioning Group (CCG), utilising NHS England's transformation funding, to roll out an enhanced Mental Health Multi-disciplinary team (MDT) co located within the acute hospitals both at Bradford Royal Infirmary and within Airedale General Hospital. This is nationally recognised as 'core 24'

and is feature of the NHS Long Term Plan for Mental Health. The team is now mobilising to be fully operational within the first half of 2022/23.

The enhanced Mental Health MDT/core 24 model provides the following functions on a 24/7 basis:

- Provide a response to mental health crises in Emergency Departments within one hour and to all urgent ward referrals within 24 hours;
- Complete a full biopsychosocial assessment and formulation and contribute to treatment and collaborative care plans;
- Offer brief evidence-based psychological interventions as inpatient or short-term outpatient follow-up;
- Work with general hospital teams to reduce length of stay in general hospitals and improve follow-up care, particularly for older adults;
- Provide advice and support to general hospital staff regarding mental health care for their patients;
- Provide specialist care for older adults.
- Full MDT to include Consultant Psychiatry

A multi-agency implementation group under the 'Act as One' Crisis Liaison Acute Mental Health Programme was established in 2021 to implement the core 24 service and develop multi agency clinical pathways to support the care of service users during a mental health crisis. This includes the clinical management of service users detained within the acute hospital environments.

Recommendation 2:

Airedale NHS Trust should introduce a risk summary where relevant risk information that has been obtained from other involved services, family members and carers is documented. The risk summary should be reviewed throughout a patient's admission and/or when new information becomes available. When it is known that a patient has been involved with mental health services this should, with the patient's permission, prompt the assessor to obtain information from these services to inform Airedale's risk summary.

Response provided separately by Airedale NHS Foundation Trust

Recommendation 3:

Bradford District Care NHS Foundation Trust should undertake a qualitative audit of a large sample of risk assessments in their community and inpatient adult mental health services.

BDCFT Response:

BDCFT has significantly improved its approach and process in relation to risk assessment with Mental Health services since this incident. In April 2019, the Trust undertook a 5 day Rapid Process Improvement Week (RPIW) involving staff from

across Adult Mental Health Services to look at service improvements in relation to quality and safety.

This event focused on core elements of service delivery and utilised a quality improvement methodology to agree actions and solutions to improve quality and safety. A programme of improvement work was instigated coupled with strengthened systems of oversight and assurance to ensure improvements were made and most importantly embedded into practice. In order to ensure that all staff within adult mental health services were aware of the work undertaken during the RPIW, a patient safety week was held in May 2019.

The patient safety week involved clinical staff and service users having an opportunity to provide feedback and learning on the improvements made during the week and discuss the impact that this had had on themselves as both clinicians and service users.

Across all inpatient wards Clinical Visual Control Boards have been introduced. These are physical boards displayed within the clinical office that document and display clinical information relevant to each patient's care pathway. This serves as a visual control to identify progress and any changes to a patient's care pathway. It highlights on a daily basis what is required from the MDT to support progression to discharge and importantly, proactively flags if there are issues preventing or delaying this. Each patient is reviewed daily by the Multi-Disciplinary Team using the visual control board to support clinical discussion and daily action planning.

This process also supports a daily audit of clinical documentation relating to leave, risk assessment, care planning, medication management and other key clinical activities, ensuring that these clinical activities and the completion of documentation have been undertaken in line with Trust policy and procedure.

This maintains the Trust's focus on the key question of: "Are we Safe Today?", which was a measure introduced as part of the RPIW.

As a key feature of the RPIW, measures were introduced to provide assurance about the successful implementation of improvements to our inpatient wards. A daily line of sight has been embedded, with each area reporting to their service manager on omissions in care, which includes any omissions in documentation for leave and clinical risk assessments.

These are then captured and reported on a weekly basis, up through the Organisational Oversight and Assurance structures, ensuring key areas are addressed by the service managers and General Manager. In doing so, any omissions in risk assessments, prior to leave for example, are quickly identified and action taken to ensure safety and service improvement.

In addition to the daily oversight and assurance processes, a programme of audit was scheduled to provide further assurance around the improvements and embedding of learning. Initially these were completed every three months and ensured sight of improvement activity and provided significant assurance that the procedures are being

followed with audits scheduled to continue and a transition to the new Quality Assurance Framework (see section 1). Frequency of audit under this framework will depend on the level of assurance gained, however will be a minimum of yearly.

There is also an annual audit of the Care Programme Approach documentation across all mental health services which includes care planning.

Relevant Completed Audits

| ID | Title | Registered | Comments |
|-----|---|------------|--|
| 696 | Risk Assessments on Inpatient Wards | 29/05/2019 | Actions part of ward quality improvement plans |
| 704 | Re-audit of Risk Assessments on Inpatient Wards | 08/07/2019 | Actions were part of ward quality improvement plans |
| 714 | Commissioner CPA (Inpatient and Community) | 25/10/2019 | No improvement actions |
| 726 | CPA Documentation in LD Community | 07/05/2020 | Improvement actions implemented |
| 780 | Risk assessments within My Wellbeing College/IAPT | 26/08/2021 | Data collection complete. Data analysis underway |
| 794 | AWOL risks within risk assessments | 09/11/2021 | Data collection and analysis complete. Report underway |

Within community mental health services, a week long RPIW relating to care planning and risk assessment was conducted. The focus of the RPIW was:

- To develop and refine the process of care planning and risk assessment at the point of initial contact through to the discharge from services to include a review of the templates and recording system;
- To ensure risk assessments and care plans are co-produced with the service user, and are based on a holistic assessment and formulation;
- To include clear guidelines and training for the updating of risk assessments and care plans, to include minimum standards to assure of quality and relevance to the service user need;
- To support the assessment and planning process, and revise and embed a robust system for support and supervision.

The RIW was inclusive of operational and clinical leads, front line staff and patient involvement leads, all of whom had lived experience of mental health problems and accessing BDCFT services. The outputs of the RIW have led to the following improvements:

- An improved template for care planning and risk assessment now rolled out and in use across all community mental health services;
- A revised training package on formulation-based risk assessment and care planning, co-produced and delivered by clinicians and patient involvement leads, rolled out across all mental health and learning disability teams;
- Prompts built into the electronic patient record to ensure consideration of co-production and sharing of care plans;
- Revised caseload management tool;
- Revised live dashboard to support oversight of completion of care plans and risk assessments at a patient level;
- Revised system of oversight and assurance featuring the live dashboard utilised by clinicians and managers to support daily team discussions around risk and service user needs. This includes weekly reports through the organisational structures identifying compliance with risk assessment, care planning and weekly caseload audits.

In addition to the improvement work specifically focused on risk assessment and care plans, BDCFT now has a scheduled programme of Quality Visits in place, undertaken by Patient Safety Leads across all wards and community teams. These visits work to a set of Key Lines of Enquiry focusing on quality and patient safety and adherence to Policy and Procedure. This includes reviewing clinical documentation and assessing adherence to the standards. Output reports are generated from the visits and are shared across the Organisational Oversight and Assurance Structures. Where assurance isn't obtained from the visits a programme of further audit, support and improvement is put in place to quickly address any areas of improvement and learning.

Recommendation 4:

Bradford District Care NHS Foundation Trust's risk assessment pro forma should be revised so that it includes the identification and assessment of the potential risks to a service user's physical health and their associated support needs.

BDCFT Response:

The response to recommendation 3 above outlines a significant period of improvement work in relation to risk assessment and care planning which also addresses recommendation 4, as the holistic assessment processes and documentation encompass physical health needs as well as mental health needs.

The physical health assessment is part of the SystemOne clinical records under the Core Assessment - Physical health examination. This includes current physical health problems/symptoms, past medical history, family medical history, assessment of drug, alcohol and nicotine consumption, current medications and any past adverse reactions, allergies, immunisation history, screening history, nutritional screening tool, assessment and examination of the cardiovascular, respiratory, genitourinary, gastrointestinal

and neurological systems including VTE risk assessment, and skin integrity (potential pressure ulcer risk).

In addition to the core risk assessment improvement work, BDCFT has a Physical Health Care for People Accessing Adult Mental Health and Adult Learning Disability Services Policy. This policy sets out the importance of assessment and management of physical health needs in the context of reducing health inequalities for people with mental health needs.

Physical health assessments are an important aspect of holistic assessment, and a physical health assessment tool is undertaken on every admission. This does require patient consent and whenever it is not possible to undertake a physical health assessment the policy provides a specific procedure to follow which includes a 'stop and watch' tool to monitor for any deterioration in physical health.

Any consistent or prolonged inability to undertake physical health assessment is escalated to senior medical and nursing clinicians and consideration must be given as to whether the patient has the capacity to make the decision: to agree or refuse a physical assessment and examination. If the patient lacks capacity to consent to a physical assessment, the principles of the Mental Capacity Act 2005 and best interest decisions will be applied.

In addition, BDCFT has a Clinical Risk Assessment and Management in Mental Health Policy and Procedures which has been reviewed and developed since the incident. The current version was updated in August 2021. The policy describes a '5-step' structured professional judgement approach to clinical risk management based on Best Practice Guidance (DoH, 2007) to assist in assessing, formulating, communicating and managing clinical risk; consistent with the principles of positive risk management.

Physical health assessment is an integral part of the principles of assessment within the policy.

Recommendation 5:

Bradford District Care NHS Foundation Trust should provide evidence at Sancus Solutions' quality assurance review of the progress they have made in implementing their CQC action plan with regard to improving risk assessments and care planning within their inpatient and community mental health services.

BDCFT Response:

The response to recommendation 3 sets out the significant programme of improvement work undertaken by the Trust from 2019 in relation to risk assessment and care planning. The actions outlined in the CQC action plan have been addressed through this rapid improvement work and monitored via internal audit processes and the BDCFT Audit committee. The most recent internal audit review of the embeddedness of these

actions, undertaken in April 2021, concluded that all actions are at levels of ‘significant assurance’ and ‘embedded’.

Recommendation 6:

Bradford District Care NHS Foundation Trust should undertake a review of how they assess and support patients in their inpatient and community services who have a significant substance misuse problem and who refuse to engage with external agencies.

BDCFT Response:

Service users with addiction problems accessing BDCFT services within the community or inpatient services are engaged in a formulation-based care plan and risk assessment. Where a service user is identified to have significant substance misuse problems, and/or their primary issue is substance misuse, the service user would be engaged in discussions to consent to referral to the specialist substance misuse services commissioned locally by Public Health. It should be noted that BDCFT is no longer commissioned to provide dedicated community drug and Alcohol services.

Where a service user declines referral to speciality substance misuse services and continues to receive care from BDCFT, community mental health teams will be supported to co-produce a dedicated care plan to address their substance misuse with an emphasis on health promotion and ensure an awareness of the relevant services which are available should the service user wish to consent to referral at a later stage.

Risks related to substance abuse will be identified via the risk assessment and the care plan would be formulated to support the service user to mitigate the risks to self and others, with a continual review of their needs and motivation to engage with specialist services and interventions.

In light of the changes to commissioning and delivery of specialist substance misuse services, joint working arrangements to coordinate a multi-agency response to the needs of service users with a serious mental illness and substance misuse problems have been established.

Regular clinical meetings with local specialist providers (Change Grow Live and Project 6) and BDCFT have been implemented to review clinical cases and ensure a multi-agency approach to supporting service users with substance abuse problems access the appropriate services and offer consultation and advice on working with this client group.

BDCFT Non-Compliance with Treatment Policy provides the following narrative in respect to decisions around refusing treatment and services “Competent adult patients are entitled to refuse treatment, even where it would clearly benefit their health. The only exception to this rule is where the treatment is for a mental disorder and the patient/service user is detained under the Mental Health Act 1983. It must be

acknowledged that a person who has capacity and whose mental health problem does not warrant intervention under the Mental Health Act 1983 has the right to refuse such services”

Recommendation 7:

Bradford District Care NHS Foundation Trust’s adult and elderly mental health services’ memory clinic should introduce a comprehensive psychosocial assessment of the patient, their family’s situation and potential risk factors.

BDCFT Response:

The existing commissioned Memory Assessment Pathway is designed with an initial assessment to identify evidence of difficulties associated with memory. If after this initial assessment there are co-existing issues and associated risks outside of the Memory Service Pathway, for example co-existing mental health difficulties, then the person and family are signposted and referred into the Older People Community Mental Health Service. From here a holistic assessment of the person and family's needs and experiences is undertaken, with a care plan and risk assessment formulated and overseen as described in the previous sections.

The MATS pathway is currently being reviewed and a programme of Quality Improvement work is to be scoped with a plan for QI activity across 22/23. This will focus on the whole system pathway and look at identifying opportunities to improve and standardise the pathway. This will be co-produced with system stakeholders and service users and carers. As with all QI programmes of work, a review of learning from incidents, complaints and concerns as well as best practice will be undertaken to support any improvement activity.

Recommendation 8:

NHS England should report the findings of this report that relates to the dispensing error to the Royal Pharmaceutical Society and the General Pharmaceutical Council.

Response provided separately by NHS England

Recommendation 9:

Bradford District Care NHS Foundation Trust and Airedale NHS Foundation Trust should undertake a review of their safeguarding training modules to ensure that the potential risks of domestic violence to the elderly are being adequately addressed.

BDCFT Response:

BDCFT Safeguarding team reviewed and updated their training programmes regularly in the intervening period of time since the incident. The current Safeguarding Adults Policy

and Procedure sets out the requirements for training and directs that all new members of staff who commence employment with BDCFT or transfer within the BDCFT must attend the Corporate Welcome session before starting in post. Managers will support staff to access role specific safeguarding training following this including PREVENT training. Safeguarding adult training is mandatory for all staff at the level required by their role as set out in 'Adult Safeguarding: Roles and Competencies for Health Care Staff' Intercollegiate Document (2018). The level assigned to individual roles is shown in the Electronic Staff Record (ESR).

Training covers domestic abuse and in 2020 BDCT launched a new Domestic Abuse Policy which supports staff to recognise and respond appropriately to indicators of domestic abuse and to undertake safe enquiry. It provides guidance on a range of situations, roles and responsibilities and includes the elderly within the guidance on considering groups with additional barriers.

A further revised Level 3 Safeguarding Adult training package has commenced in January 2022. This includes key messages specifically about domestic abuse and recognising and responding to all types of abuse, including domestic abuse, in the elderly, and a case study scenario for enhanced learning.

Training provision and methods for raising staff awareness are regularly reviewed. Key messages from statutory reviews are included in Safeguarding supervision sessions that are reviewed each quarter. In addition, safeguarding newsletters are produced reflecting key themes and learning, these are included in Care Group Quality and Operational meetings and disseminated through the services.

In addition to the training provision, BDCFT includes a section of safeguarding risk and planning within the assessment template for all community and inpatient settings and is part of the holistic assessment.

Recommendation 10:

To facilitate and encourage interagency learning from this case, West Yorkshire Police should provide Bradford District Care NHS Foundation Trust and Airedale NHS Foundation Trust with their IMR's findings and recommendations.

Response provided separately by West Yorkshire Police

End of Statement

About Bradford District Care NHS Foundation Trust:

Bradford District Care NHS Foundation Trust provides specialist mental health mental health, community and learning disability services that look after the 'whole person', caring for their physical and mental health needs.

Visit: <https://www.bdct.nhs.uk/>