




Office Ref: 1208

Safely NELFT Action Plan: 12/06/2023

Action Plan Title: D150069				Start Date	
Action Plan Owner : [REDACTED]		Priority: High		Service/Team: Mental Health Services	
Target Date: 01/12/2023		Business Unit: Waltham Forest		Directorate: Waltham Forest	
Source: Complaints <input type="checkbox"/> Clinical Audit <input type="checkbox"/> External Inspection <input type="checkbox"/> Internal Inspection <input type="checkbox"/> Internal Audit <input type="checkbox"/> Safeguarding <input type="checkbox"/> Serious Incident X Medicines Management <input type="checkbox"/> Infection Control <input type="checkbox"/> QPS <input type="checkbox"/> H&S <input type="checkbox"/> Serious Case Review <input type="checkbox"/> Safety Thermometer <input type="checkbox"/> External Inspection <input type="checkbox"/> Dashboard <input type="checkbox"/> Other x Regulation 28					
Concerns of the Coroner: 1. Joint working (information sharing): A concern arose at the Inquest hearing in relation to the absence of liaison between the highly specialist services of the CADAT team and the stepdown services provided by NELFT. There was a lack of full information sharing around risk and joint risk assessment/risk management planning on discharge. 2. Risk management: Both mental health services were aware that Conrad was accessing aesthetic dermatology treatment. There was a concern that neither service adequately highlighted the risks of accessing such treatment to Conrad or attempted to share information with the skin clinic. The inquest heard that patients with BDD should be fully informed of the risks of seeking aesthetic dermatology treatment and wherever possible, clinics who are providing treatment should be made aware of the BDD diagnosis. 3. Training: The Inquest heard that there is a need for training to be provided to step-down service teams in relation to the diagnosis of BDD and the risks associated with it.					
Concern raised by the Coroner	Action no.	Action (short form)	Action (long form)	By Whom	By When

<p>Joint working (information sharing): A concern arose at the Inquest hearing in relation to the absence of liaison between the highly specialist services of the CADAT team and the stepdown services provided by NELFT. There was a lack of full information sharing around risk and joint risk assessment/risk management planning on discharge.</p>	1)	<p>Improve working relationship between the highly specialised services of the CADAT team and the stepdown services provided by NELFT. This should include the need for full information sharing around risk and joint risk/management planning and discharge</p>	<ul style="list-style-type: none"> • Joint working protocol to be developed between the CADAT team and the stepdown services provided by NELFT. This should highlight the need for full information sharing around risk and joint risk/management planning and discharge. • The joint working protocol to be shared with all staff and discussed in team business meetings. 	<p> Assistant director</p>	<p>31 /09/2023 31/09/2023</p>
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<p>Risk management: Both mental health services were aware that Conrad was accessing aesthetic dermatology treatment. There was a concern that neither service adequately highlighted the risks of accessing such treatment to Conrad or attempted to share information with the skin clinic. The inquest heard that patients with BDD should be fully informed of the risks of seeking aesthetic dermatology treatment and wherever possible, clinics who are providing treatment should be made aware of the BDD diagnosis.</p>	<p>2)</p>	<p>Learning event to be arranged on BDD for all staff</p>	<p>Short Term</p> <ul style="list-style-type: none"> • Learning event to be arranged on this case with specific reference on BDD and the importance of working with partner agencies. • Learning event on completing risk assessments arranged for 05/07/2023. This learning event will cover updating risk, the parameters to consider when completing a risk assessment and when to update a risk assessment. <p>Long Term</p> <ul style="list-style-type: none"> • The Trust is planning to undertake a Quality Improvement Project on understanding why there are gaps in risk assessment and risk management processes (a couple of examples of reoccurring themes), particularly when there are poor outcomes associated with care provided. The project will focus on working with users of service, clinical and operational teams, as well as senior leadership and other identified key stakeholders to understand the structural, process and cultural factors which contribute to poor outcomes and use improvement methodology and framework to address the areas which can result in process changes to improve outcomes. It may be that a break through series collaborative methodology could be used across various teams at NELFT. This approach could potentially standardise variation through testing a change package which includes evidence based approaches to ensure care provision meets those standards and teams have a realistic chance of providing the care that is required to avoid future untoward outcomes. There is also a workstream which is leading on the development of risk formulation to ensure the implementation of robust risk assessment and risk management process to improve patient safety and move away from the current risk stratification model. 	<p> Assistant Director</p> <p> Assistant Director</p>	<p>31/08/2023</p> <p>05/07/2023</p> <p>30/09/2024</p>
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<p>Training: The Inquest heard that there is a need for training to be provided to step-down service teams in relation to the diagnosis of BDD and the risks associated with it.</p>	<p>3)</p>	<p>Body Dysmorphic (BDD) training to be offered to all staff</p>	<ul style="list-style-type: none"> Training department to arrange training on BDD for all staff this to be in conjunction with SLAM who offer training in this specialised area. 	<p>Head of Learning services</p>	<p>01/12/2023</p>
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