Devon Partnership NHS
NHS Trust

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RECEIVED 17 MAR 2015

Mr A Cox
HM Assistant Coroner
Exeter and Greater Devon Coroner's Office
Room 226
Devon County Hall
Exeter
EX2 4QD

Your Ref: [redacted]

11 March 2015

Dear Mr Cox

Re: Judith Anne Saville - Regulation 28 Report to Prevent Future Deaths

Thank you for your letter of the 15th January 2015 which we received on the 20th January 2015 following the inquest into the death of Judith Anne Saville. As an organisation we are committed to learning from these tragic events and have since receiving your report and recommendations taken the opportunity to share your findings with the service involved as well as across the wider trust.

As you noted at inquest the Trust undertook a Root Cause Analysis Investigation following the death, the Root Cause Analysis report contained a number of recommendations; all of which were accepted and the actions have now been completed.

I have attached a summary which details the actions identified in the original RCA and the progress made against each of these actions. Whilst we have been able to complete the actions that were identified in the original Root Cause Analysis, the assurance that changes have been fully embedded into clinical practice is monitored through routine audit and this represents part of our continuing programme of quality improvement. As such we would expect to see on-going improvement over the coming months. Additionally every RCA action and evidence to support their closure is reviewed by our commissioner before the action plan can be formally closed.

I hope that the actions described demonstrate our commitment to the learning we have undertaken. If you require any further information please do not hesitate to contact me.

Yours sincerely

[redacted]

Melanie Walker
Chief Executive

Action Plan

Actions	Recommendation	Action to address recommendation	Level for action	Lead:	Progress
1	That Crisis Teams should provide a comprehensive assessment including a medical assessment (if required) for all people using the service (whatever their age) in a timely manner – From this a recovery / care plan and risk assessment (including full information of known risks) should be formulated to meet and manage identified needs and risks	CRHT CTL to review the timeliness of assessments by the team for people over 65 and that Recovery plans are always formulated from the assessments	All CRHT teams	CTL of Exeter and Mid CRHT team	**Completed** This is standard practice for all DPT CRHT teams regardless of age; medical assessment is determined at the point of triage. A recovery care plan and risk assessment is then formulated to meet need and manage risk. This is monitored by CRSM/random audits.
2	That the CRHT team reassess individuals prior to discharge where increased risks have been highlighted	The CRHT CTL to review that patient discharges are taking increased risk into account	All CRHT teams	CTL of Exeter and Mid CRHT team	**Completed** All individuals are re-assessed throughout their contact with the CRHT teams. All patients are formally reviewed prior to discharge, including a risk review. SBARD is used in complex presentations. This is monitored by CRSM/random audits.
3	That all phone calls received by CRHT teams are recorded in the clinical record	The CRHT CTL to reiterate the importance of recording all telephone calls in the clinical record	All CRHT teams	CTL of Exeter and Mid CRHT team	**Completed** This is standard practice for all CRHT teams. The importance of this requirement was reiterated to both CRHT teams following the death of JS and followed-up in management supervision. This is monitored by CRSM/random audits.

Actions	Recommendation	Action to address recommendation	Level for action	Lead:	Progress
4	That RiO notes and recovery plans regarding the discharge of people from the CRHT team caseload are clear and state whether the person involved and their carers are aware of the discharge - That carers (with the person receiving services permission) always have risk information shared with them and are consulted with and informed about discharge decisions	That the CRHT team CTL communicates the importance of the clinical record indicating that people using the service and their carers are aware if they are being discharged and - That carers have risk information shared with them	All CRHT teams	CTL of Exeter and Mid CRHT team	**Completed** CRHT practitioners try to use plain English in discharge RiO notes and recovery plans, incorporating the views of carers where this is legally appropriate. Carers are routinely consulted with and informed about discharge decisions. This notion has been reinforced by both CRHTT being signed up to The Triangle of Care initiative. This is also monitored by CRSM/random audits.
5	That, unless clinically indicated otherwise, the CRHT team always contact people (face to face or by telephone) on the day that they are discharged from the team.	The CRHT team CTL ensures that all people using the service are contacted, in person on the day of their discharge	All CRHT teams	CTL of Exeter and Mid CRHT team	**Completed** This is standard practice for all CRHT teams. That said, telephone discharge takes place in certain cases depending on presentation/risk assessment at the point of discharge. This is monitored by twice daily clinical review meetings (shift changes) with consultant input. This is monitored by CRSM/random audits.
6	That the OPMH team and the CRHT team carry out a review of how to improve communications & responsibilities between the two teams with recommendations and actions and OPMH input into the CRHT team	Joint Adult/OPMH Core Governance meeting to review these	Adult/OPMH Core Governance meeting	CTL of Exeter and Mid CRHT team	**Completed** Meetings between the E, E&M teams managers took place with OPMH consultants following the incident – this resulted in improved OPMH consultant input into both CRHT teams whereby CRHT clinicians have direct access to OPMH consultants/named back-up. CRHT staff also attend weekly discharge planning meetings at Rougemont with the aim of improving communication/engagement between Adult/OPMH services. This is monitored via U&IP weekly governance meetings.

Actions	Recommendation	Action to address recommendation	Level for action	Lead:	Progress
7	That all cases open to the CRHT team have a recovery plan that is developed face to face with the individual.	That the CRHT team CTL review that all cases have a recovery plan	All CRHT teams	CTL of Exeter and Mid CRHT team	**Completed** This is standard practice within all CRHT teams. That said, this might not be possible in cases where people are acutely unwell/complex presentation/high level of risk to others. Every effort is made to achieve this requirement and CRHT staff will attempt to develop face-to-face when safe to do so. This is monitored in twice daily clinical review meetings, ward reviews, including consultant input.
8	That the wishes and opinions of people receiving services are always, considered in the clinical decision making process.	That the CRHT team CTL reviews practice to ensure that the wishes and opinions of people receiving services are always, considered in the clinical decision making process	The CRHT team	CTL of Exeter and Mid CRHT team	**Completed** This is standard practice within all CRHT teams. This is monitored at twice daily clinical review meetings, CRSM/random audits.