

Independent Investigation 2012/22680 (MT) - Action Plan

Service	Action	Outcome/Update	Evidence	Lead/Ownership	Target Date
South Westminster Drug & Alcohol Service Action Plan covers recommendations 4 and 8 Date of Action Plan: July 2015. Review Date: Jan 2016.	MT Draft Report Review MT Draft report received. Report to be read, discussed with management team and agreed upon. Actions pertaining to report to be implemented.	Report Agreed and actions decided upon: Transfer protocol between NWDAS & SWDAS to updated to incorporate findings of MT draft report. Meeting with NWDAS to agree transfer protocol. Transfer protocol to be shared with staff team.		Senior Operations Manager	Fortnight
	NWDAS Consultation re: Protocol Meeting with NWDAS to agree update to transfer protocol to incorporate findings of MT draft report.	Meeting held with NWDAS and update to protocol agreed for both services.		Deputy Operations Manager	1 Month
	Protocol Dissemination Protocol agreed by both services. Protocol stored on shared drive. Protocol discussed at team meeting. Protocol distributed to entire staff team via email.	Task delegated to Access Team Leader who ensured protocol dissemination as highlighted in bullet pointed actions.		Deputy Operations Manager	6 Weeks

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	<p>Initial Review Transfer protocol to be reviewed and ensure that all measures have been implemented and actioned.</p> <p>Both Tri-borough and Turning Point Information Sharing Protocols distributed amongst staff team.</p>	<p>Transfer protocol reviewed and amended slightly to augment robust wording.</p> <p>Rewritten transfer protocol and sent NWDAS for review and agreement.</p> <p>Tri-borough and Turning Point Information Sharing Protocols reviewed through CPD at team meeting and discuss in 1-2-1 supervision.</p>		Operations Manager	3 Months
	<p>Review and Audit Transfer protocol to be reviewed, ensure all measures implemented and transfers Audited. Review Information sharing Protocols knowledge amongst staff team.</p>			Senior Operations Manager	6 Months

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St Mungo's Broadway Action Plan covers recommendations 1, 2, 4 and 7	Commissioners of care and support services should ensure providers are clear about their responsibilities for escalating concerns about vulnerable adults in institutional settings and for sharing appropriate information between agencies supporting individuals.	To update both our Adult and Child Safeguarding procedures to this effect.	Updated procedures signed off by the Executive Director of Services Staff attendance records	Completed	Completed
		To launch classroom based Safeguarding and Boundaries training.	E-learning package in place and staff completion records (mandatory course for all new starters)	Completed	Completed
		To recommission safeguarding e-learning which is up to date with the latest Care Act 2014 legislation.	Changes to our client monitoring systems and reviewed procedures signed off by the Executive Director of Services	Head of Learning and Development	January 2016
		To carry out a comprehensive review of our Support Planning and Client Risk Management policies and procedures and recording processes.	Head of Business Excellence (policies procedures) and Head of Information (recording processes)	April 2016	

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	<p>Commissioners of care and support services must ensure that when a serious incident occurs robust internal investigations are taken by providers and that learning is shared across all services.</p>	<p>To carry out a Fact Finding report within 4 weeks of a client death. If this raised concerns a comprehensive Best Practice Review to be carried out by a manager who is not connected to the service.</p> <p>To update the Best Practice Review policy and procedure to emphasis the sharing of learning with relevant partner agencies.</p>	<p>Fact Finding Reports and Best Practice Reviews</p> <p>Updated procedure signed off by the Executive Director of Strategy and Policy.</p>	<p>Completed</p> <p>Head of Business Excellence</p>	<p>Completed</p> <p>December 2015</p>
	<p>When multiple agencies are involved in the care and support of the individual, a shared care plan must be in place which details the individual's history, risks, crisis interventions and escalation plans.</p>	<p>Encouraged via all relevant policies and procedures and monitored via our quality audit programme (full day audits of all client facing services).</p> <p>To review our Assessment and Support procedures to a) emphasise that every reasonable effort needs to be made to obtain accurate and comprehensive information about a potential client at referral stage, particularly in relation to risk and b) to make it explicit that, no matter how minimal the contact is with other agencies, and/or if the client has disengaged from the agency, staff should share assessments and plans and changes in risk and support needs.</p>	<p>Relevant policies and procedures Quality audit reports</p> <p>Updated procedures signed off by the Executive Director of Services.</p>	<p>Completed</p> <p>Head of Business Excellence</p>	<p>Completed</p> <p>April 2016</p>

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	Service providers should have an appropriate policy to record welfare checks. The policy should include information about the purpose, content and interval of those welfare checks, it should also be clear about the escalation process once the maximum limit is reached.	To review all relevant procedures to ensure the regularity of welfare checks is made explicit, including how it should be recorded and how it relates to the Missing Person procedure if a client is not seen for a period of time.	Updated procedures signed off by the Executive Director of Services.	Head of Business Excellence	January 2016
<p>Central and North West London</p> <p>Action Plan covers recommendations 3, 4 and 6</p> <p>Action Plan agreed by Director of Nursing and Quality: 09.11.15.</p>	The Trust must review the Early Intervention Team Operational Policy to clarify the meaning of 'red zone' and 'amber zone' clients, including how the zones are categorised.	In line with the new requirements for access to waiting targets the EIS team will review their team operational policy to include Zoning procedures. To be discussed within local team meetings. An away day will also be held where clarification on zoning procedures will be discussed and agreed with all staff members.	Implementation plan to include communications strategy with partner agencies. Minutes of Team Meetings. Away day minutes. Copy of revised Team Operational Policy. Briefing papers to be developed Audit of staff understanding and implementation.	EIS Team Manager	April 2016

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	<p>When multiple agencies are involved in the care and support of an individual, a shared care plan must be in place that details the individual's history, risks, crisis interventions and escalation plans.</p>	<p>Where there is multi-agency involvement, CNWL care co-ordinators involve and inform partners of the shared care plan (under CPA) including Housing. This was addressed in the CNWL recommendations 9, 10, 11. This is underpinned by achieving information sharing as per the Pan-London Information Sharing Agreement (ISA).</p> <p>Information sharing and escalation will be added as a standing agenda item to Team Meeting and included within the Team Operational Policy.</p> <p>The Trust will develop a briefing sheet covering frequently asked questions and include examples. This will be available on Trustnet.</p>	<p>CNWL signed pan-London ISA.</p> <p>Minutes of Team Meetings.</p> <p>Briefing sheets.</p>	<p>Divisional Director</p> <p>EIS Team Manager</p> <p>EIS Team Manager and Social Worker Lead</p>	<p>January 2016</p> <p>February 2016</p> <p>July 2016</p>
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	The Trust must ensure that a systematic process is in place to monitor compliance with key policies, and that regular audits are undertaken.	All clinical policies will have a section on monitoring compliance and effectiveness.	Review of the Clinical Policies list. All new policies follow a prescribed template that includes this section.	Quality Assurance Manager	Completed
		The Trust-wide Annual Clinical Audit Plan will include key policies to be audited e.g. risk assessment and care planning.	The Annual Clinical Audit Plan with the regular update reports to the Care Quality Group including results on audits on risk assessment and care planning.	Quality Assurance Manager	April 2016
			Documentation of contract review meetings.	Quality Assurance Manager	June 2016
		Compliance with key policies will be monitored by bi-annual reporting to the Quality and Performance Committee.	Clinical Audit report which is presented to the Operations Board and the Quality and Performance Committee.	Quality Assurance Manager	Bi-annual
		Raw data including patient number will be sent to team managers in order for them to act on any non-compliant cases and verify the data.	Email trail showing communication with team managers.	Quality Assurance Manager	Quarterly
		The verified data will be monitored by the Divisional Boards.	Minutes of meetings from the Divisional Board	Divisional Directors	Quarterly

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<p>NHS England</p> <p>Action Plan covers recommendation 6</p>	<p>NHSE to share report with The Health and Wellbeing Board to support any improvements in system integration and transformation.</p>	<p>To be presented after publication.</p>	<p>Minutes and agreed actions from The Health and Wellbeing Board on taking this forward.</p>	<p>Director of Nursing for North West London.</p>	<p>Jan 2016</p>
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