

## Independent Investigation 2012/29137 Mr S - Action Plan

Service	Action	Evidence	Lead/Ownership	Target Date
<p><b>Central and North West London Foundation Trust</b></p> <p><b><u>Recommendation 1</u></b></p> <p><b>The Trust must ensure that when a team is liaising with a secure inpatient unit regarding care for a patient following discharge, the receiving team must ensure that they are clear what legal framework applied to the period of Inpatient care and treatment.</b></p>	<p>A Clinical Alert stating that all staff need to be clear of the type of legal framework that was applied to a patient's admission to a secure inpatient unit should be disseminated to all mental health staff.</p>	<p>Clinical Alert</p>	<p>Mental Health Law Manager</p>	<p>30 September 2016</p>
<p><b>Central and North West London Foundation Trust</b></p> <p><b><u>Recommendation 3</u></b></p> <p><b>The Trust must undertake a review of record keeping across the Trust, paying particular attention to the child and adolescent mental health service, and implement an on-going audit</b></p>	<p>An annual rolling programme of Care Records Audits is in place across the Trust co-ordinated by the Care Records Group.</p> <p>Audit templates are under review and are being developed by the Quality Directorate The audit will pay particular attention to record keeping compliance within the Child and Adolescent Mental Health Service.</p>	<p>Completed audit forms</p> <p>Revised audit form Written analysis and recommendations to each division. Written communication and feedback to teams and services from each divisional leads.</p>	<p>Head of Information Governance</p>	<p>28 February 2017</p> <p>30 November 2016</p>

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<p><b>programme to ensure that appropriate Standards are maintained.</b></p> <p><b><u>Recommendation 5</u></b></p> <p><b>The Trust must ensure that when placing records into storage and archive, correct procedures are followed to ensure successful retrieval at a later date.</b></p> <p><b>An audit programme must also be implemented on each occasion to provide assurance that records have been stored correctly.</b></p>	<p>The audit template will incorporate specific questions in order to ensure that that the Trust has assurance that the correct procedures are followed in relation to compliance with the record keeping policy and storage and archiving practice.</p> <p>The audit templates will be disseminated to each division for completion and the results will be submitted to the Care Records Group by 17th January 2017 for analysis and recommendations.</p> <p>Any incidents that are reported via the incident electronic reporting system relating to stored or archived records are included in the Information Governance quarterly report in order to identify issues and take appropriate action as necessary to minimise the risk of</p>	<p>Revised audit form</p> <p>Revised audit forms Correspondence to divisions outlining actions and timescales for completion</p> <p>Quarterly Information Governance reports Minutes of Information Governance meetings outlining discussions and action points</p>		
<p><b>Central and North West London Foundation Trust</b></p> <p><b><u>Recommendation 4</u></b></p> <p><b>The Trust must undertake an audit across the organisation to identify the degree of compliance</b></p>	<p>Completion of Trust wide audit (recommendation 3 and 5)</p> <p>Development of the Data Quality Policy</p>	<p>Written analysis and recommendations to each division.</p> <p>Written communication and feedback to teams and services from each divisional leads</p>	<p>Head of Information Governance</p> <p>Chief Clinical Information Officer</p>	<p>31 October 2016</p> <p>30 September 2016</p>

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<p><b>with the record keeping policy. Where there are concerns about compliance, the Trust must implement a training programme to ensure that all staff understand the importance of all communications regarding a patient being filed within the clinical record. The Trust must also implement an on-going programme of audit to provide assurance that records are completed correctly.</b></p>	<p>Communications to be written and sent out trust wide via weekly news</p> <p>Quick Reference Guides to support staff in relation to data quality (record keeping) available on the Learning and Development Zone, (e learning).</p> <p>To support the Data Quality System standards of practice are being developed for clinicians dependent on level of responsibility to be overseen by Divisional Directors, Service Directors and Team Managers in conjunction with Performance Quality Leads</p>	<p>QRG's</p> <p>Ratified Policy</p> <p>Written Communications in Trust weekly news</p> <p>Example Quick Reference Guide</p> <p>Data Quality System standards of practice for the different levels within the organisation</p>		<p>30 September 2016</p> <p>30 September 2016</p>
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<p><b>Central and North West London Foundation Trust</b></p> <p><u><b>Recommendation 6</b></u></p> <p><b>The Trust must work with partner agencies providing accident and emergency services to ensure that the joint operational policies are complied with, in particular that clinical records are available to psychiatric liaison staff in a timely fashion, to facilitate fully informed assessment of patients.</b></p>	<p>A Clinical Risk Alert will be circulated to all Psychiatric Liaison Teams who will review the alert within team meetings and supervision sessions.</p> <p>This will outline learning from this incident and requesting that the local Operational Policy should outline guidance emphasising that all Psychiatric Liaison clinicians should review the patient's A and E assessment (CAS card) prior to completing the mental and state and clinical risk assessment. The alert will also include guidance on the actions to be taken in any instance where this process is not followed i.e. incident reporting and documentation within the clinical record</p>	<p>Clinical Risk Alert and evidence of cascade to teams</p> <p>Minutes of Psychiatric Liaison Team meetings</p> <p>Supervision records</p> <p>Copy of Psychiatric Liaison Team Operational Policy</p>	<p>Clinical Safety Manager</p>	<p>30 September 2016</p> <p>31 October 2016</p>
<p><b>Central and North West London Foundation Trust</b></p> <p><u><b>Recommendation 7</b></u></p> <p><b>The Trust must ensure that operational policies are followed. The Trust must implement a</b></p>	<p>The Trust welcomes this recommendation as it enables us to build upon our existing systems. The Clinical Policies group oversees and approves clinical policies, trust wide. Each Clinical Policy must follow a standardised template (cover sheet). Key aspects of each Clinical Policy are</p>	<p>Standardised template</p>	<p>Associate Director of Quality and Service Improvement</p>	<p>31 October 2016</p>

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<p><b>process to ensure that staff understand the importance of key aspects of policies. The Trust must also implement a systematic process to provide assurance regarding compliance.</b></p>	<p>highlighted on the title page to inform staff of aims and objectives of the policy.</p> <p>All new policies or new policy updates are communicated to staff trust wide in the Trust's weekly news</p> <p>Assurance re compliance with clinical policies to be sought via</p> <ul style="list-style-type: none"> <li>• Clinical Supervision</li> <li>• Appraisal</li> <li>• Completion of mandatory training and essential to role training</li> <li>• Completion of competency frameworks and assessments</li> <li>• Signed statements by staff that key polices have been read and understood</li> <li>• Trust induction</li> <li>• Local induction</li> </ul>	<p>Example standard front page</p> <p>Example communications for trust weekly news</p> <p>Trust compliance re appraisals and mandatory training Supervision records Training attendance Competency frameworks e.g. medicines assessments Trust and local induction attendance records</p>		<p>30 September 2016</p> <p>31<sup>st</sup> October 2016</p> <p>31<sup>st</sup> October 2016</p>
<p><b>Central and North West London Foundation Trust</b></p> <p><b><u>Recommendation 8</u></b></p> <p><b>The Trust must review the risk assessment policy to clarify how</b></p>	<p>The Trust's Clinical Risk Assessment and Risk Management Policy require additional guidance as outlined.</p> <p>The Policy needs to be ratified by the Clinical Policy Group</p>	<p>The Revised Clinical Risk and Risk Assessment Policy</p> <p>The Revised Clinical Risk and Risk Assessment Policy-ratified by the Executive Director of Nursing and</p>	<p>Clinical Safety Manager</p>	<p>31<sup>st</sup> January 2017</p> <p>31<sup>st</sup> January 2017</p>

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<p>risk assessments should be managed when the service user has a history that indicates a significant risk, but the clinical team is unable to meet with the service user to fully analyse the current risk.</p>	<p>Communications informing all mental health staff of the additional guidance need to be circulated to all Trust Mental Health via Internal Clinical Risk Alert and the Trust Weekly News</p>	<p>Quality  Communications material</p>		<p>31<sup>st</sup> January 2017</p>
<p><b>West London Mental Health Trust</b></p> <p><u>Recommendation 2</u></p> <p><b>West London Mental Health Trust must ensure that prior to discharging a detained patient from inpatient services, a section 117 aftercare meeting is held and that appropriate mental health aftercare plans are identified and put into place.</b></p>	<p>An audit of compliance with this recommendation will be undertaken within the Wells Unit (secure adolescent service).</p>	<p>Completed audit and recommendations arising from this.</p> <p>Monitored via WLFS Quality Matters Meeting. Trust wide Quality Matters and Quality Committee Meetings.</p>	<p>Clinical Lead for Women's and Adolescent Service.</p>	<p>30<sup>th</sup> November 2016</p>
<p><b>Commissioners (NHS England and CCG)</b></p> <p><u>Recommendation 9</u></p> <p><b>Commissioners of child and</b></p>	<p>In 2013 NHS England London Region Specialised Commissioning assumed responsibility for commissioning all specialised inpatient care for children and young people including those requiring secure services. All referrals</p>	<p>Minutes of National Secure Forensic Mental Health Service for Young People Network Meetings (redacted to protect patient confidentiality)</p>	<p>NSFMHFYP Network/NHS E CAMHS Case Managers /Individual Trusts</p>	<p>Core business and ongoing monitoring of effectiveness</p>

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<p><b>adolescent mental health services must have systems in place to assure themselves that child and adolescent mental health service providers respond in a timely fashion to requests for assessments when the young person is in an institutional setting.</b></p>	<p>to medium secure inpatient services are considered by the national CYP Forensic Network on a weekly basis and assessments scheduled as part of this meeting. All referrals for assessment prior to admission are approved by the Responsible Clinician for the CYP (Consultant Child and Adolescent Psychiatrist in the local CAMHS service).</p> <p>CCG commissioned CAMHS services are responsible for making timely referrals for children and young people who may require assessment for inpatient admission.</p> <p>The NHS England national Tier 4 CAMHS Service Specification sets out the expectations and timescales required of providers in delivering the assessment function for all CAMHS inpatient referrals. The national service specification is included as part of the NHS England Specialised Commissioning contract.</p> <p>All referrals for Tier 4 CAMHS admissions are made using the national referral procedure and information template.</p> <p>NHS England CAMHS Case Managers support local teams to access services where required, and maintain</p>	<p>Service Specification included in NHS England contracts with Tier 4 CAMHS Providers</p> <p>Service Review Reports and outcome of ward visits</p>	<p>NHS England Supplier Managers</p> <p>NHS England CAMHS Case Managers</p>	<p>Core business and ongoing monitoring of effectiveness</p> <p>Core business and ongoing monitoring of effectiveness</p>
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	<p>oversight of provider quality and patient pathways including discharge planning processes.</p> <p>All these processes will be monitored as part of the monthly formal contract clinical group meeting.</p>	<p>Minutes of the Clinical Quality Group (CQG).</p>	<p>Local commissioners and contract leads.</p>	<p>Core business and ongoing monitoring of effectiveness</p>
<p><b>Response to report comment Youth Offending Team (YOT)</b></p>	<p>“Improvements had already been made with regard to ensuring that transfer pathways to National Probation Service are more consistent, more clearly documented and continue to ensure that the young person is supported through this process. Managers from both National Probation Service and the Youth Offending Team meet regularly to ensure that information is shared appropriately with a view to managing risk effectively during the transfer phase. There is now a more robust flow of communication between the two agencies at both management and operational levels. This includes the Youth Offending Team maintaining a record of the information that has been transferred.”</p>			