Independent Investigation Action Plan for Mr G

Statement from Camden and Islington NHS Foundation Mental Health Trust

All actions associated with these recommendations will be monitored by the committees appropriately identified in the action plan. Overall evidence of completion will be monitored by the Head of Governance and Quality Assurance. The investigation report will be tabled at the Quality Committee, Quality Governance Committee (Board sub-committee) and at the Clinical Quality Review Meeting with commissioners. Assurance on the action plan will also be provided to these groups to confirm completion of all actions.

STEIS Ref No: 2012/20925

Statement from Islington Clinical Commissioning Group (CCG)

Islington CCG works with Camden CCG and Camden and Islington NHS Foundation Trust to seek assurance that services the Trust provide are: safe; effective; caring; responsive; and well led. Islington CCG will monitor implementation of the action plan through a number of monitoring processes these include (but are not limited to):

Stakeholder assurance meetings where Commissioners will meet with representatives from the Trust Executive team to review evidence and ensure robust oversight of implementation of the action plan within agreed timescales.

Clinical Quality Review Meeting (CQRG) - The CQRG provides commissioners with assurance by reviewing a range of evidence, provided by the Trust, to ensure they are providing services in line with the requirements stipulated within the contract held between the CCG and the Trust, the NHS Constitution, and Fundamental Standards of Care regulations. In this context, the meeting monitors and receives assurance on the Trust's implementation of specific actions resulting from Serious Incident investigations, Domestic Homicide Reviews, and Mental Health Homicide Reviews such as this case.

Insight visits - Islington and Camden CCGs to carry out joint quality assurance visits to a range of services providing care. Through these visits the CCG will ensure oversight and assurance that actions from this investigation have been fully implemented and embedded into practice.

Report published:

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Rec No.	Organisat ion	Recommendation	Actions to achieve recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & evaluation arrangements
1		• The Trust reviews its policies and procedures in order to ensure that clinicians and staff are aware of the occurrence of, and can act appropriately upon the return to the hospital of, an individual who had been AWOL. In particular, the Trust shall: • Review its policies to ensure that all policies which relate to the return of a patient to hospital (including the AWOL policy, safeguarding and property policies) interlink, with a view to highlighting the opportunity that a patient's return to hospital presents to allow services to conduct any necessary clinical reviews of that patient	1. Revised Absent without leave (AWOL) and Missing persons policy to ensure all staff are aware of the requirement to complete an incident form and write up details of all incidents in clinical notes 2. Developed a checklist to ensure all aspects of Absent without leave (AWOL) and Missing persons process in terms of recording and follow up are available and used. 3. Trust developed a discharge process to include that all relevant documents including section 17 leave forms are put in patients notes on discharge. 4. An Absent without leave (AWOL) and Missing persons Working Group has been set up focusing on: - Following through the reduction of Absent without leave (AWOL) and Missing persons risks - Reduce the likelihood of Service Users leaving clinical environments without the knowledge of staff and/or without having an agreed leave or arranged absence. - Providing clear guidance to staff regarding action which minimise such incidents. -To monitor episodes of Absent without leave (AWOL) and Missing persons incidents and identify strategies to reduce the occurrences of incidents. 5. The Trust will carry out clinical simulation AWOl exercise to test how the policy works in practice. 6. To interlink and implement policies relating to the return of a patient to hospital (AWOL, safeguarding and property policy).	E Director, Matron and Head of Service	March 2018 March 2018	1-3. The Absent without leave (AWOL) and Missing persons policy was extensively reviewed in 2015 (and is currently being updated): the policy has clear sections and guidance for staff on the process, roles, recording, risk and how to manage the return of patients. It is now the Trust process that Absent without leave (AWOL) and Missing patients are included in handover and every patient has an AWOL management action plan in place including actions to be taken when they return to the ward. Staff from the ward will also carry out immediate welfare checks and try to establish the whereabouts of the patient. AWOL grab packs are being used. Details of the patient are recorded and shared with the police. We are currently consulting with patients on the use of photos. 4. An effective Absent without leave (AWOL) and Missing persons group is in place that meets monthly. The Acute matron leads the work in this area and oversees the process. There is now a close working with police and missing people units who attend monthly meetings. Every Absent without leave (AWOL) and Missing persons group and by spot checks of records from the Matron. A Local Security Management Specialist (LSMS) is also in place to liaise with police. The Trust submit to the MH benchmarking and have been one of the lowest in London for Absent without leave (AWOL) figures. The Trust Quality and Safety and Quality report contains a section on AWOL and is shared monthly with the Trust Quality Governance Committee, Quality Committee and commissioners at the monthly Clinical Quality Review Group. The report also goes to the Board (on a monthly basis) to provide high level oversight of this area.	
2	- C&I	The Independent Investigation Team recommends that the significance of validating records is highlighted in record-keeping policy, and in training.	The Trust now uses the patient record keeping software 'Care notes'. Validation of notes is not required on this software. When notes are printed from Care notes they automatically include all entries.	Head of Information and Health Intelligence Manager	Completed June 2015	There is guidance, training and support for staff on how to use Care notes. There is a Care notes group that oversees the Care notes system. Reports on completion of records in Care notes can be accessed by staff on the clinical dashboards.	Performance reports are reviewed monthly at the Divisional Performance Meetings.

Rec No.	Organisat ion	Recommendation	Actions to achieve recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & evaluation arrangements
3	C&I	The Trust must ensure that its staff and clinicians comply with the requirements relating to "leave" as set out in section 17 Mental Health Act 1983. The Trust shall provide an assurance that the training afforded to staff will ensure that the Trust complies with all requirements relating to the prescribing of Section 17 leave.	1. To ensure that the Mental Health Act Training that runs fortnightly uses this homicide as a clinical example to address the prescribing of mental health leave and the importance of good documentation around this. 2. To ensure that all staff have attended Mental Health Act Training at least once every 3 years as per the minimum requirement. 3. The Recommendations from this report are to be taken to the Acute Learning Lessons Workshop and the bulletin produced is circulated to all divisions within Trust and reviewed at team meetings.	Mental Health Law Manager Risk and Patient Safety Manager	March 2018	reviewed and modified; including nurses' powers to stop section 17 leave when there are risk concerns. Nurses can challenge and review leave at any time where the identify any issues and changes in presentation. Training compliance is monitored and there is an action plan in place to increase current training compliance to 85% by	Lessons learned workshops list of attendees MHA audit reports and associated actions plans
4	C&I	In order to comply with its obligation to inform the CQC of unauthorised absences relating to patients who are the subject of detention under the terms of the Mental Health Act 1983, the Independent Investigation Team recommends that the Trust undertake an audit to ensure that its internal recording requirements are adhered to in relation to those patients who are the subject of detention under the terms of the Mental Health Act 1983, in order to ensure that the following information is being recorded in patient's records; **Outcome of leave is being recorded; and **Details surrounding any absconsions during leave are recorded; and **Absconsions are then reviewed from a clinical perspective.	1. Absent without leave (AWOL) and Missing persons incidents are recorded on Datix. 2. Ensure clear policies for managing records and record keeping. 3. The Trust has put in place and information governance team to support subject access requests and information governance processes.	Head of Governance Associate Director of Information Technology and Communications	Completed May 2014 January 2018 Completed August 2015	benchmarking, the Board and commissioners. NRLS provide 6 monthly benchmarking reports. 2. The Trust has a clear records management policy that was updated to aligned with care notes. The policy is currently being updated to include the standards used in the	Absent without leave (AWOL) and Missing persons Group. Quality Governance Group. Mental Health benchmark report. In addition to this CCG assurance visits are planned to services to monitor how these processes are working in practice. Information Governance Group.