

Independent Investigation Action Plan for Mr H					STEIS Ref No: 2014/26623			
South West London and St George's Mental Health NHS Trust Statement								
We extend our deepest condolences to the family and friends of Nicholas for their sad loss. We have made considerable progress and are working with NHS England and other agencies to make sure the recommendations made in the independent investigation are addressed. Our staff are committed to ensuring the actions are being implemented and embedded to improve practice								
Merton Clinical Commissioning Group (CCG) Statement								
Merton CCG has worked with and continues to monitor South West London and St George's Mental Health NHS Trust to make sure the services they provide are safe; effective; caring and responsive. We continue to work with the trust to seek quality assurance through the regular Clinical Quality Review Meeting (CQRG). At this meeting we review the evidence provided by the Trust to ensure the services they provide meet the requirements stipulated within the contract held between the CCG and the Trust, the NHS Constitution, and Fundamental Standards of Care regulations								
Report published: 10 April 2019								
Rec No.	Organisation	Recommendation	Actions to achieve recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & evaluation arrangements	
1	Trust	The Trust should ensure that where there is a probation licence condition of contact with mental health services, a joint agency care plan with clear communication lines and escalation protocols should be in place and agreed by all parties. Measures to ensure that agreed interagency care plans are adhered to should be implemented, with routes of escalation if there are concerns.	<ol style="list-style-type: none"> Following agreement with Probation action agreed that this will be managed through monthly MAPPa meeting share this with all MAPPa in each Borough agreeing a joint agency care plan. SWLSTG Forensic Service to develop guidance with the National Probation Services Agency (NPSA) in relation to what is expected in a joint agency care plan. To develop a Memorandum of Understanding/Joint working Protocol with the National Probation Services Agency (NPSA) for all boroughs within the Trust, this will include an escalation process if the Trust is unable to engage partner agencies. Protocol to also include an audit tool which will be added to the current case note audit (Forensics only) which is part of the care plan review. NHS England to share the report with the London MAPPa Strategic Management Board (SMB) in order to cascade the learning from this report across London and to support probation to work with the Trust 	<ol style="list-style-type: none"> Modern Matron Head of Nursing to devise guidance. Forensic Outreach Service Team Leader/Head of Stakeholder Engagement, NPSA NHS England 	<ol style="list-style-type: none"> 30/06/2019 30/09/2019 31/12/2019 31/12/2019 	<p>South West London and St George's Forensic Service guidance for joint agency care planning and escalation. Escalation documentation and actions taken. Audit of care plans across the service for service users subject to a probation licence. Evidence of attendance at local MAPPa Meetings from minutes which will be shared with the service cluster quality governance group.</p> <p>Learning from this report sent to Chair, London MAPPa Strategic Management Board (SMB) Head of London MAPPa Executive Office</p>	<p>Oversight of minutes in forensic cluster quality governance group. Care plan audit. Audit of progress with any cases that require escalation due to lack of joint agency engagement. Monitoring through the South London Partnership (SLP) NHS England action monitored via London Region Independent Investigation Review Group</p>	
2	Trust	The Trust must provide assurance that the 'guidance on supporting community clients on oral medication' in the community is implemented and is being effective.	<ol style="list-style-type: none"> Review and strengthen the guidance for all Forensic Outreach Service (FOS) patients on oral medication. Including the Care co-ordinators role e.g. counting tablets and carrying out further spot checks on medications with the patient and Risk Assessment for suitability to move to oral medication. To carry out monthly audit against the guidance, reviewing 3 sets of notes per month. 	<ol style="list-style-type: none"> Forensic Matron to review guidance FOS team leader audit 	<ol style="list-style-type: none"> 30/09/2019 30/09/2019 	Updated guidance. Evidence of completed audit through written audit results.	Monthly audit to be a standing agenda item at the Forensic Cluster Governance meeting.	

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3	Trust	The Trust must provide assurance that the 'guidance on supporting community clients on oral medication' in the community is shared with partner agencies and services, and that relevant collaborative care plans are in place.	<ol style="list-style-type: none"> 1. Guidance to go into Care Programme Approach (CPA) care plan and shared with the GP for every Forensic Outreach Service (FOS) patient who receives oral medication from their GP. 2. To strengthen current guidance processes i.e. that discharge summary letter that goes to the GP to include informaton about medication. If the patient stops collecting their medication the GP to contact the team base and notify immediately. 3. To create a 'direct email' to enable this communication 4. Please also see recomendation 9 	<ol style="list-style-type: none"> 1. FOS team leader 2. FOS team leader 3. FOS Team Leader 4. CCG as per recommendation 9 	<ol style="list-style-type: none"> 1. 30/08/2019 2. 30/08/2019 3. 30/04/2019 4. 31/12/2019 	Evidence of guidance shared with the team. Ensure this is to be included in the CPA. Monthly audit to include one CPA care plan per month.	Forensic Cluster Governance monthly meeting
4	Trust	The Trust should build awareness of risks and gang culture in the catchment area, and develop appropriate links with Police to ensure that they are connected to local established networks for raising awareness, information sharing and action about those at risk from or engaged in gang activity	<ol style="list-style-type: none"> 1. The minutes of 5 borough Community Safety Partnerships (CSPs) are sent to the Trust these will also be shared in the forensic cluster quality governance group. 2. Service to link with TRIDENT through the Security, Police Emergency Assistance Response (SPEAR). With support from TRIDENT to complete a geographical map of gangs wihin the Trust Boroughs. 3. Teaching sessions to be devised for staff across the service which need to include the georgraphical picture for the Trust in relation to gangs and the profile of gang members/vulnerable individuals. 4. Staff to have a better understanding of how to identify potential risk, this is to be included in the Trust risk managment policy. Review progress in six months with the CCG. 5. Following agreement with Probation, a joint agency care plan will be managed and monitored via the monthly MAPPa meeting in each Borough. 	<ol style="list-style-type: none"> 1. Head of Nursing 2. Forensic Matron 3. Forensic Matron 4. MET Police TRIDENT lead. 5. Forensic Matron 	<ol style="list-style-type: none"> 1. 30/04/2019 2. 30/09/2019 3. 31/12/2019 4. 31/12/2019 5. 31/12/2019 	Minutes of meeting with TRIDENT. Evidence of gang mapping across the Boroughs. Evidence of training sessions for staff. Reflection in the Trust Risk Policy of how staff share information and action about those at risk from or engaged in gang related activity. Clear Trust link to TRIDENT. Updated Trust Risk Management Policy.	Forensic Cluster Governance monthly meeting
5	Trust	The Trust must develop appropriate communications and working relationships with local supportive faith organisations through the Department of Spiritual and Pastoral Care.	All patients are now offered access to Trust Chaplaincy service. FOS also include this as part of the holistic care package. Patients are also informed of the chaplaincy drop in services and services for different faiths.	FOS team leader	Completed	Trust Chaplaincy Service available feedback from families on access and experience The pilot project of Community Networks for Family Care	Monthly Quality Governance Group

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6	Trust	The Trust should ensure that serious incident action plans are outcome focussed and have measurable aims	A more collaborative approach on agreeing Action Plan from Root Cause Analysis Investigation has been put in place. This ensures action plans are SMART.	Associate Director of Governance & Risk	Completed	Improved approach to ensure Service lines review the Recommendations and agree action plans with the Investigator. Evidence of SMART actions within Action Plans. Monthly Serious Incident (SI) Panel	Weekly Serious Incident Sign off Panel Quality Safety Committee
7	Trust	The Trust zoning protocol should include the levels of intervention expected at each zone.	Service Line specific Zoning Protocol/document went to QGG and was approved at meeting.	Head of Nursing	Completed	FSN Zoning Protocol revised and approved in the monthly Quality Governance Group.	Monthly Quality Governance Group and Forensic cluster governance
8	Trust	The Trust must ensure that carer's assessments are offered and appropriate action taken, and that families are offered the opportunity to take part in care planning.	Care Coordinators at initial assessment discuss and obtain contact details for carers and request consent from patients to engage carers in the Triangle of Care process. CC then have honest discussions with Carers and ask for their confirmation to make referral to Local Authority, and sign post carer agencies such Carers Centre, Wandsworth or in other boroughs. With patient and carers consent, they will be invited to all subsequent meetings and discussion eg CPA, discharge planning, professionals meeting, strategy meetings. Also offer friends and family group and Family therapy support with psychology and nursing input.	FOS team leader	Completed	Audit of Carers Assessments Audit of families not engaging with services	Forensic cluster governance monthly

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9	CCG	NHS Merton & Wandsworth CCG should work with GP practices to ensure robust structures, processes and systems are in place to identify and manage (incidents) where patients on long term antipsychotic prescriptions default with prescriptions	<p>1) CCG will share good practice protocols developed locally with all General Practices in Merton and Wandsworth on how they should manage and monitor Mental Health patients on their register with regards to</p> <ul style="list-style-type: none"> - Adherence to collection of their prescription medicines for treatment relating to their Mental health illness and - How they monitor whether patients attend their mental health review and what they do if they do not attend. <p>2) CCG will reinforce the good practice protocols developed locally and share learning via training sessions led by the GP federation as part of the quality support package commissioned by CCG</p> <p>3) Work being planned in the future as part of continuous improvement to seek assurance from Practices that after sharing good practice protocols developed locally and sharing learning via training sessions that they have implemented the measures to ensure they are managing areas highlighted in action 1 above</p> <p>4) CCG to communicate to GP's and make them aware of the following for all patients under forensic outreach service (FOS) on oral medication</p> <ul style="list-style-type: none"> - Discharge summaries coming from the trust FOS service will now include information about medication and GP to contact the team base and notify immediately if the patient stops collecting their medication. A direct email will be provided to enable this communication. 	<p>CCG Primary Care quality lead</p> <p>GP Federation</p> <p>CCG PrimaryCare quality lead</p> <p>CCG Lead</p>	<p>May 2019</p> <p>September 2019</p> <p>December 2019</p> <p>July 2019</p>	<p>1) GP Newsletter 2) Primary Care CQRG Minutes</p> <p>1) Learning content shared at Training sessions by GP federation</p> <p>1) Feedback via learning sessions led by GP federation</p> <p>1) A direct email will be provided to enable this communication.</p>	Primary Care Clinical Quality Review Group (CQRG) and CCG Quality Subcommittee