

Independent Investigation Action Plan for Mr B	STEIS Ref No:	2015/10210
<p>Statement from Central and North West London NHS Foundation Trust: We extend our sincere condolences to the family and friends of Ms A for their sad loss. We are very sorry this tragic incident took place and acknowledge the pain and distress that they have endured. In addition to the actions already taken following our internal panel of inquiry, the Trust will fulfil all of the recommendations made in the independent investigation, so actions are implemented and embedded to improve practice. This action plan will be monitored externally by the North West London Collaboration of Clinical Commissioning Groups.</p>		
<p>Statement from North West London Collaboration of Clinical Commissioning Groups (NWL CCGs): We offer our sincerest condolences to all those family members and friends affected by this tragic case. We have worked with CNWL to ensure that the recommendations and learning set out in the investigation report are fully taken on board.</p>		
<p>Report published: November 2019</p>		

Rec No.	Organisation	Original Trust report Recommendation	Original Trust report Action	Independent Investigation findings	Additional actions	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & evaluation arrangements
Recommendations where the Independent Investigation identified as not completed and required additional actions.									
3	CNWL	The Community Mental Health Team should use the adults' mental health initial assessment tool to collate information obtained from the patients, carers, family and other agencies at the point of referral to the service. Clinicians should use the tool as the basis for decision making and care planning.	Following service redesign the adult mental health initial assessment tool is now used as standard. Operational Policy will be updated to make this explicit.	Partially complete	The Trust is currently in the midst of a major community mental health transformation programme which will ensure standardisation of operational procedures. A revised Standard Operating Procedure (SOP) is in the process of being developed. An amendment to the current Standard Operating Procedure (SOP) will be in place whilst the system wide policy is in the process of development.	Chair of Community Mental Health Team transformation board Borough Clinical Directors	To commence in November 2019 Complete March 2020 December 2019	Trust wide Standard Operating Procedure (SOP) for Community Mental Health Team's Amendment to all local models of care should be made in the interim period	Monthly Community Mental Health Team transformation board Local care quality meetings
8	CNWL	The Community Mental Health Team needs to review the role and responsibilities of the duty worker rota system to ensure that actions are always followed through, that updates are obtained and documented accurately.	Following recent community service redesign the duty system has been changed to reflect the need for continuity. This will be included in the Operational Policy for the teams.	Partially complete	The Trust is currently in the midst of a major community mental health transformation programme which will ensure standardisation of operational procedures. New Standard Operating Procedure (SOP) is in the process of being developed and this will include the duty system and implementation plan.	Chair of Community Mental Health Team transformation Board	Mar-20	Trust wide Standard Operating Procedure (SOP) for revised Community Mental Health Team including duty system.	Monthly Community Mental Health Team transformation board
10	CNWL	The Community Mental Health Team should ensure that where there is significant forensic history, including claims of a serious criminal nature of patients who come into contact with mental health services when a patient is known to Multi-Agency Public Protection Arrangement (MAPPA), there should be clear evidence of liaison by mental health services within this body.	Information received from Multi-Agency Public Protection Arrangement (MAPPA), relevant to current service users will be discussed at daily zoning meetings within the services.	Not enough evidence to say complete	Recent developments in two borough of a 'SIM project, a project which is a joint team of MH nurses and dedicated Police officers has commenced in two boroughs. This has ensured that any significant forensic history or offending behaviour, including potential risks not yet acted upon are shared and managed locally between Multi-Agency Public Protection Arrangement (MAPPA) and mental health services. The service is currently being monitored and audited with a view to roll out across the other three boroughs .	SIM Project Manager	Jan-20	SIM operational Policy Review report of SIM project	Trust Wide SIM Steering Group - monthly reporting to Urgent and Acute Care transformation Board.

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13	CNWL	The Hillingdon mental health services should ensure that all staff are made aware of that access criteria to their respective teams.	To ensure access criteria is included in the operational policy	partially complete	The Trust is currently in the midst of a major community mental health transformation programme which will ensure standardisation of operational procedures. New Standard Operating Procedure (SOP) is in the process of being developed and this will include the duty system and implementation plan.	Chair of Community Mental Health Team transformation Board	Mar-20	Trust wide Standard Operating Procedure (SOP) for revised Community Mental Health Team including duty system.	

Recommendation from Domestic Homicide Review (DHR)

Recommendation from DHR	CNWL	In terms of the Trust action in respect of the DHR recommendation, that the Trust 'Domestic Abuse Policy and Guidance' should contain guidance on the reallocation of domestic violence cases when a conflict of interest exists or there is a failure to develop a workable relationship with the client, we did not find the appropriate assurance to meet the DHR recommendation. We recommend that in the interim a clinical message of the week is utilised to advise staff accordingly until an amendment to the Policy can be actioned.		Additional suggested recommendation to CNWL from the Independent Investigation company.	Review of Trust wide Domestic Abuse Policy to explicitly include reallocation of domestic violence cases when a conflict of interest arises or where there is a failure to develop a workable relationship with a client. To continue with the existing work in CNWL on support for MARAC (Multi Agency Risk Assessment Conference) leads across our geography. To continue with the CNWL roll out of the 'safe and together' model for supporting practice. To roll out the planned domestic abuse Ambassador programme in CNWL and to continue to roll out the Pathfinder Project in partnership with the Pathfinder Consortium. Pathfinder is a project led by Standing Together against Domestic Violence in partnership with four expert organisations: Clinical Message of the week to include this information as an interim measure whilst review of policy is ongoing.	Associate Director of Safeguarding and Safety. CNWL Lead for domestic abuse.	November 2019 October 2019	Revised Domestic Abuse Policy and communication plan. Pathfinder work planned is implemented. The 'safe and together' model is being rolled out as planned and reported on via the CNWL Safeguarding Committee. Copy of Clinical Message of the Week	Clinical policy reference group Divisional and Trust wide safeguarding forums
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Recommendations where the Independent Investigation identified as completed but made suggestions for improvements

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1a, 1b, 1c, 1d	CNWL	Hillingdon mental health services need to ensure that awareness of the risk of domestic abuse and the available local resources is increased and embedded into practice. This should include greater emphasis on assessing risk and indicators of domestic abuse during local safeguarding induction and training and should also incorporate information regarding key agencies and forums which support management of this risk. Hillingdon mental health services need to ensure that awareness of the risk of domestic abuse and the available local resources is increased and embedded into practice. This should include greater emphasis on assessing risk and indicators of domestic abuse during local safeguarding induction and training and should also incorporate information regarding key agencies and forums which support management of this risk.	Hillingdon mental health services will collate information from all domestic violence agencies in the borough and distribute to all teams Training to include greater emphasis on assessing risk and indicators of domestic abuse including how staff can ask the difficult questions. Staff awareness to be further enhanced through displays of domestic violence public information in staff and public areas of the community bases.	Evidence of completeness	Named Professionals for Safeguarding Children and Safeguarding Adult/Mental Capacity Act Specialist to plan with each service/borough safeguarding lead to complete an audit of all teams to gain assurance they have the relevant information in a domestic abuse folder and have a display of relevant information available in public areas. A review of safeguarding training materials, content, and checking of learning will be standardised trust wide to ensure a greater understanding of domestic abuse.	Borough safeguarding leads Associate Director of Safeguarding and Safety.	March 2020	audit results Safeguarding Folder: Safeguarding training materials and audit of staff knowledge base before and after training with monitoring tool.	Divisional and trust wide safeguarding forums. These forums meet each quarter and domestic abuse is an agenda item.
2	CNWL	The Community Mental Health Team, which now incorporates the assessment and brief intervention team, need to ensure that where it is known that patients under the care of that team are in a relationship that this is discussed in clinical reviews. Systems need to be put in place to identify and manage the potential risks when individual patients are thought to be in a potentially abusive relationship with another patient, this should include links with partner agencies.	Discussion at local quality meeting and senior management team, reminding staff to record this in the relationship status part of the clinical record. Potential risks and links with external agencies to be placed on the alert management system of JADE (clinical record system)	Evidence of completeness and embeddedness	Trustwide quality assurance workshops with the aim of establishing levels of awareness and embeddedness of best clinical best practice will be commenced. The methodology will be to identify and rag rate specific risk reducing indicators and initiate focussed work on areas of concern and then evaluate the results.	Borough Directors and Governance Teams	Mar-20	A new Trustwide single clinical information system has been introduced which has the capacity to carry out the function linking patients who are in a relationship. The trust action plan has been shared in all divisional forums in a lessons learned format. Trustwide quality assurance workshops will be coordinated	Divisional and trust wide safeguarding forums which meet each quarter.
5	CNWL	Where risk is evident, the Community Mental Health Team seniors or consultants must set out a formulation with a statement of what responsibility lies with the clinical team and what responsibility lies with the patient. These actions should be clearly documented in the patients care plan and disseminated to all involved including the patients care plan.	Discuss and remind at care quality meeting that the statement of responsibility must be clear in the 'NB' section of records and also documented in clinic letters and care plans.	Evidence of completeness and embeddedness	The CNWL current Care Programme Approach (CPA) policy is in the process of revision along with the CPA policy. The risk assessment process will be incorporated into this to include DIALOG which is an outcomes measure to support structured conversations between patients and clinician focussing on the patients views.	Trust Clinical Safety Risk Manager	March 2020	Updated Risk Assessment policy and comms launch Updated Risk Assessment QRG Revised Standard Operating Procedure (SOP) Revised training package Clinical Message of the Week	Divisional Care Quality groups held monthly
6	CNWL	The Community Mental Health Team must develop a system to ensure that clinical risk assessments are completed to the expected standard as per Policy for all patients	A monthly peer review across all mental health teams with regard to the quality of risk assessments will commence	Evidence of completeness and embeddedness	The CNWL current Care Programme Approach (CPA) policy is in the process of revision along with the CPA policy. The risk assessment process will be incorporated into this to include DIALOG which is an outcomes measure to support structured conversations between patients and clinician focussing on the patients views.	Trust Clinical Safety Manager	Dec-19	Updated Risk Assessment policy and comms launch Updated Risk Assessment QRG Revised Standard Operating Procedure (SOP) Revised training package Clinical Message of the Week	Divisional Care Quality groups held monthly
7	CNWL	Community Mental Health Team need to ensure that there is an effective system in place whereby patients who no longer require input from the team are closed on the patient electronic information system.	Administrative managers within teams will run monthly reports to establish activity within a four month period. This will identify closed cases on a monthly basis and the administrative manager along with the team manager will ensure these are closed from systems. Results from first run of the new system to be shared at senior management team.	Evidence of completeness and embeddedness	CNWL London based mental health services are monitored via Central Performance and Finance Information Group (Performance and Financial Governance). Updating partners occurs at these meetings across the five London boroughs. A Trustwide electronic performance monitoring system (Tableau) is now in place and monitored by performance analyst who in turn report to Divisional Boards. Each borough also attends a local monthly contract meeting with commissioners and partners where this case information is monitored.	Director of operations/ Medical Director	Dec-19	Minutes of - NWL Performance and Financial Information Group Local contract meetings Divisional Board reports	Performance and Financial Governance - monthly Contract meetings - Monthly divisional boards - Monthly CNWL performance and finance group

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9	CNWL	CNWL medicines management group to ensure that all prescribers within the trust are made aware of the Policy in relation to off-licence prescribing.	CNWL medicines management group will send a memo reminding prescribers of the Policy.	Evidence of completeness	Chief pharmacist should review 'Unlicensed medicines' and 'off label use' policy Resending of internal medicines management newsletter 'green pen' to remind staff Trustwide of the existing protocol on the use of off license medications. An audit completed on compliance with off licence prescribing. Audit completed on compliance with off license prescribing.	Deputy Chief Pharmacist	Dec-19	Policy revisions agreed via the CNWL Medicines Overview Group. Evidence of 'green pen' circulation audit results. Audit results on off license prescribing.	
11	CNWL	The Community Mental Health Team should ensure that patient discharge information is sent to all relevant professional teams and services.	Communication reminding staff of the need to ensure that the patient discharge communication is sent to all relevant professionals, teams and services will be sent to all staff. Discharge communication is sent using and MH5 form. An audit will take place to ensure that all relevant parties have been copied into this.	Evidence of completeness and embeddedness	Trustwide this is audited on a monthly basis and reported on at NWL quality Performance and Financial Governance groups	Head of Quality Assurance	complete Q2 2020	Informatics committee - monthly NWL Performance and Financial Information Group - Monthly Local Contract Meetings	North West London Mental Health Care Quality Group
12	CNWL	The Community Mental Health Team should ensure that the practice of making clinical entries and sending written communication regarding outcomes of clinical reviews should be completed.	Communication reminding staff of the need to ensure that the practice of making clinical entries and sending written communication regarding outcomes of clinical reviews should be completed and sent to all staff. A randomised audit will take place specifically looking at the timeliness of entries.	Evidence of completeness and embeddedness	Trustwide this is audited on a monthly basis and reported on at NWL quality Performance and Financial Governance groups	Head of Quality Assurance	Complete Q2 2020	Informatics committee - monthly NWL Performance and Financial Governance - Monthly Divisional Boards - Monthly	North West London Mental Health Care Quality Group