

**Independent Investigation Action Plan for Mr J** STEIS Ref No: 2015/23303

**Statement from South London and Maudsley NHS Foundation Trust**  
 We offer our full condolences and sympathies to the family of Mr J. The Trust have addressed recommendations made in an internal investigation by ensuring actions have been implemented to improve practice and to embed lessons learned. The implementation of the actions has been reviewed independently by NHSE and directly monitored by the Trust's Board of Directors. We hope this offers some assurance that the Trust is committed to ensuring lessons are learnt from this very tragic case.

**Statement from NHS South East London Clinical Commissioning Group (CCG)**  
 NHS South East London CCG offer our sincerest condolences to all those family members and friends affected by this tragedy. NHS South East London CCG works with South London and Maudsley NHS Foundation Trust to seek assurance that the services they provide are safe; effective; caring and responsive. We will continue to monitor the implementation of this action plan at the Trust's Serious Incident Panel.

**Report published: August 2020**

Rec No.	Organisation	Recommendation	Actions to achieve recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & evaluation arrangements
1	SLAM	Psychosis Clinical Advisory Group (CAG) senior management to develop a process to review the length of stay when diagnosis is unclear to the local bed management system. (Graded by NICHE as A: Completed, embedded and having an impact)	Bed management review system currently in place to ensure that all patients are considered by length of stay.	Service Managers, Clinical Service Leads, Quality Improvement Team	Ongoing	<p>Evidence from NICHE report: Acute Referral Centre (ARC) implemented: a bed management system with data led decisions, new Matron posts implemented. MADE (Multi agency Discharge Events) events have been held within Lewisham: these are currently on hold whilst new ways are implemented and will be reviewed in 3 months.</p> <p><b>Lewisham Directorate Current practice:</b> Implementation of an Inpatient Care Process Model (ICPM), Daily use of Red2Green on all wards, new Flow team of 3 staff and weekly ICARE and Flow meetings with the Executive and staff teams: monitoring length of stay, discharge rates, rate of re-admissions and use of private overflow beds.</p> <p>Directorate bed management meeting now replaced by Associate Medical Director and Service Director daily visiting wards to identify patients for discharge and issues preventing discharge. During the Covid pandemic Lewisham has also instituted regular meeting: DISCO which is a Multidisciplinary Directorate wide bed management meeting and regular TEAMS MDT and Medical Huddles and daily or twice weekly (depending on current situation) within the Pnademic) Critical Planning meetings which includes all bed management concerns and issues to be discussed by the Senior Leadership Team.</p> <p>Band 7 Clinical Nurse Specialists within the Home Treatment Team (HTT) prioritising out of area patients to bring back to Lewisham, providing in-reach to support early discharge from wards to home under HTT and Harbour Cafe and HTT to reduce admissions and increase community support -Harbour Cafe an alternative to A&amp;E and admission for those patients that can be met within a supportive environment for a brief time for input by clinical staff and activities</p>	<p>Monthly Performance Executive meeting: This is an Executive meeting monitoring and discussing areas of performance such as key performance indicators: audits, supervision, workforce/vacancy management</p> <p>Monthly Operations Executive meetings: Service and service delivery oversight meeting including workforce and estates</p> <p>Weekly ICARE and Flow meetings with the Executive and senior staff: meeting for monitoring Length of stay, discharge rates, rate of re-admissions and use of private overflow beds. replicated with Staff teams weekly: this meeting also has oversight of Red2green, inpatient Care Process Model (ICPM) implementation and Community Care Process Model (CCPM) implementation and Community redesign.</p> <p>South London and Maudsley NHS Foundation Trust (SLAM) Performance and Quality meeting Monthly: Meeting where Lewisham Executive meet members of SLAM Executive Leadership team to have oversight of all aspects of performance indicators and quality in the Directorate.</p>
2	SLAM	Clare Ward leadership team to conduct a full review of its internal electronic documentation auditing processes. (Graded by NICHE As a B: completed and embedded in practice)	Clare Ward to audit expected documentation as laid out in acute care pathway admission protocol.	Head of Nursing and Quality, Deputy Head of Nursing and Quality, Clinical Service Leads, Quality Improvement Leads	Completed and Ongoing: November 2019 for complete roll out of Perfect Wards: perfect wards audit cycle is now embedded in practice with weekly and monthly auditing cycles with areas for improvement and areas of good practice identified within the App for instant feedback to teams: discussed in weekly quality meetings	<p>Evidence from NICHE report: Trust has joined up in house electronic system with electronic health and care organisations in 2018 enabling health and care staff better access to more accurate information across organisations. Risk is pulled through automatically to formulate a care plan and electronic version of section 17 leave form implemented. Key performance indicator dashboards and quality dashboards for monthly review</p> <p><b>Lewisham Directorate current practice:</b> implementation of an Inpatient Care Process Model (ICPM). This model includes an admission checklist with timescales for completion of actions.</p> <p>Regular auditing of care systems and processes including documentation, environment, Patient Feedback, Staff feedback, medications management and environment among others, undertaken by the use of PERFECT WARDS App: This app supports teams to regularly undertake audits and get results regarding good practice and areas of need in real time: 19 audits are expected of the Inpatient Acute services each month with varying frequency for audits, some are weekly audits, some monthly and others according to need such as Restrictive Practice audit after a restrictive practice action.</p> <p>Audit completion and results, including deepdive into areas of need are monitored through the monthly Governance Executive meeting and with the teams monthly in their team Governance meetings. During the implementation phase there is oversight by the fortnightly Trust Perfect wards oversight group chaired by the Director of Nursing.</p>	<p>Monthly Performance Executive meeting (See description above)</p> <p>Monthly Governance Executive meetings: A meeting where key performance indicators and quality priorities, perfect ward audits, risk register and safeguarding are discussed.</p> <p>SLAM Performance and Quality meeting Monthly (See above for description)</p> <p>SLAM perfect Wards Oversight group: Fortnightly: Meeting in which Directorate leads and champions meet with the Director of Nursing to oversee implementation of Perfect wards and areas for concern and develop action plans for improvements</p>
3	SLAM	Clare Ward Manager and Consultant will ensure there are robust governance systems in place and risk assessments that address the plans made in the ward rounds (Graded by NICHE as B: completed and embedded in practice)	Ward rounds on Clare Ward to ensure that care plans have been completed and reviewed, including leave care plans.	Head of Nursing and Quality, Deputy Head of Nursing and Quality, Clinical Service Leads, Directorate Associate Medical Director	Completed and Ongoing: December 2019 roll out of Perfect Wards: perfect wards audit cycle is now embedded in practice with weekly and monthly auditing cycles with areas for improvement and areas of good practice identified within the App for instant feedback to teams: discussed in weekly quality meetings.	<p>Evidence from NICHE report :Regular SNAP audits( an electronic audit tool ) undertaken and results oversight within Governance Executive and team Governance meetings: This included detailed audit of risk assessment and care plan audits</p> <p>Lewisham Directorate Practice: Regular auditing of care systems, and processes including documentation such as Clinical safety audit which includes risk assessment and care planning is weekly. Other audits such as environment, Patient Feedback, Staff feedback, medications management and environment among others, undertaken by the use of PERFECT WARDS App: (See above for description of App) This is monitored through the Governance Executive monthly and with the teams monthly in their Governance meetings and during the implementation phase this is overseen by the fortnightly Trust Perfect wards oversight group chaired by the Director of Nursing.- evidence through minutes of Governance meetings and dashboard for audits on App.</p> <p>Implementation of new Ward Round Template on EPJS( Electronic Patient Journey System) documentation including leave status and risk.</p> <p>EPJS key performance indicators clearly visible on front page with rag rating system for completion: To be discussed in supervision and Team meetings- Evidence of supervision records to include discussion regarding care plans and risk assessments. Supervision is now recorded electronically within the education and Training 'LEAP' electronic system and regular checks and audits are undertaken within the Trust to ensure completion. Monitored through monthly performance meetings chaired by Deputy Service Director and Performance executive meetings</p> <p>In relation to Autism Nurse Consultant for LD visits the ward to support individualised care plans where required and has visited and met with the staff group, clients and families regarding care planning and support for Clients with LD and ASD.</p>	<p>Monthly Performance Executive meeting</p> <p>Monthly Governance Executive meetings</p> <p>SLAM Performance and Quality meeting Monthly</p> <p>SLAM perfect Wards Oversight group: Fortnightly</p>

4	SLAM	<p>Clare Ward to review policy and working practice regarding the conducting of risk assessments prior to a patient taking section 17 leave. This is to be audited after six months (Graded by NICHE as C: completed)</p>	<p>Teaching session will be arranged on Clare Ward with the mental health act lead. Risk assessment documentation to be reviewed with the mental-health act office. Risk assessments to be documented in EPJS notes and if completed on paper to be uploaded within one working day and reference within the electronic record. Audit of completion for all patients detained under section to be completed on a weekly basis.</p> <p>Ensure care plans for section 17 leave or informal leave are completed and updated following ward round and represent any changes to the plan.</p> <p>Ensure that Carer's are involved and aware of section 17 leave care plans and any changes to the plan especially when long leave is planned.</p> <p>Ensure that the risk assessment and signing in and out documentation is completed for any patient going on leave</p>	<p>Clinical Service Lead Head of Nursing and Quality</p>	<p>Completed and Ongoing: November 2019 completed audit and review of leave form. January 2020: New leave risk assessment form developed and being trialled within Lewisham Directorate and evaluated for roll out across the Trust: Form developed in line with updated AWOL policy and practice and use regularly discussed at Quality meeting and regular audits undertaken.</p>	<p>Evidence from NICHE report: Mandatory training in clinical risk training in place since 2015: monitored through ESR and LEAP and in monthly Performance Executive meetings and through supervision. New Risk assessment template in use on EPJS which pulls through risk for care planning. CQC report from 2018 reports that risk assessments are comprehensive, up to date and have associate risk management plans in place.</p> <p><b>Lewisham Directorate current practice:</b> Perfect Wards App audits for care plans and risk assessment: This app clearly shows in real time areas of good practice and areas of need to improve quality overall and signpost training and development needs.</p> <p>Regular audit of signing in and out sheet for patients on leave from the ward. This form includes a series of questions that form a dynamic risk assessment. An audit is currently being undertaken and will inform the development of a new standardised form following continuous learning : Quarterly audits undertaken Introduction of new leave risk assessment forms; audited and evaluated and training on AWOL and Risk assessments ongoing within the Directorate: AWOL data monitored through MHA law committee.</p> <p>Handover documentation demonstrating discussion of leave plans and patients on long leave: This is currently under review with the implementation of an electronic handover on a big screen through Quality Improvement (QI) project</p> <p>The introduction of the Inpatient Care process model - Admissions and discharge checklist has improved leave and discharge planning to ensure that family, carers and the community team are involved in the planning of leave and discharge.</p> <p>Red2Green quality improvement project demonstrates discussion regarding care plans risk assessments and leave arrangements for all patients, including patients on extended leave and discharge plans.</p> <p>Quality meeting minutes to demonstrate learning from lessons and actions undertaken to improve quality: the weekly Quality meeting is chaired by Lewisham Head of Nursing and Quality and attended by Ward Managers and representatives of inpatient staff: all issues regarding Patient safety, quality and care are discussed in this meeting including perfect ward results, lessons learned and actions required. This forum also allows for discussion around areas of concern and sharing of good practice as well as standardisation of care across the unit.</p> <p>Evidence of supervision records to include discussion regarding care plans and risk assessments. Supervision is now recorded electronically within the education and Training 'LEAP' electronic system and regular checks and audits are undertaken within the Trust to ensure completion. Monitored through monthly performance meetings chaired by Deputy Service Director</p> <p>Implementation of SLaM suicide prevention strategy Lewisham is piloting a 48 hour follow up initiative where inpatient team makes contact with any patient discharged from the inpatient service within the first 48 hours: This is supported by developments within EPJs that enable a text check-in if phone contact is unable to be made within the expected timeframe. Early indicators are demonstrating that Clients appreciate this informal checkin as a supportive intervention in promoting safety and a sense of being valued and cared for.</p>	<p>Quality Meeting weekly - This meeting is a weekly meeting chaired by the Head of Nursing and Quality attended by Ward managers and other representatives of inpatient staff: All issues regarding quality, Patient safety, and care are discussed in the meeting: this will include for example, Perfect Wards audit results, lessons learned and actions required, discussion of areas of concern and sharing good practice.</p> <p>Performance Executive monthly Governance Executive monthly Monthly Team Governance meetings - Each team holds a team Governance meeting chaired by the Team Leader and Consultant: This meeting covers the same agenda as the Directorate Governance executive meeting. Monthly Supervisions SLAM Performance and Quality meeting Monthly</p>
5	SLAM	<p>Clare Ward to review the supervision processes on the ward and ensure that a review of named nurse clients are included in the process and supervision records (Graded by NICHE as C)</p>	<p>Ward will ensure there is a clear supervision structure and adherence to monthly supervision standards.</p> <p>The ward will use a standard supervision template to ensure that risk assessments and care plans for named clients are reviewed within supervision</p> <p>Supervision audits to be undertaken monthly and discussed at Monthly performance meetings</p>	<p>Clinical Service Lead</p>	<p>Ongoing</p>	<p>Evidence from NICHE report: Risk management and care planning discussed within supervision and a template in use in Clare ward. During supervision, primary nurse expectations and tasks are discussed. If there are any shortfalls in performance, appropriate arrangements are put in place with additional training and or one to one support. Rates of supervision are reviewed in monthly performance meetings and are recorded onto an electronic system to aid central reporting. Apart from one to one supervision, other forms of supervision include use of incident review meetings, psychology sessions, group meetings and reflective practice.</p> <p><b>Lewisham Directorate current practice:</b> Evidence of regular monthly supervision to be tracked through LEAP and Perfect Wards. Supervision is now recorded electronically within the education and Training 'LEAP' electronic system and regular checks and audits are undertaken within the Trust to ensure completion. This is monitored through monthly performance meetings chaired by Deputy Service Director - Minutes from Monthly performance meetings</p>	<p>Quality Meeting weekly Performance Executive monthly Governance Executive monthly Monthly Team Governance meetings Monthly Supervisions</p>
6	SLAM	<p>The ward managers and Consultant to ensure there are systems in place to address any missing documentation to assure them that all patients have care plans risk assessments that address plans made in ward round (Graded by NICHE as C : Completed)</p>	<p>All risk assessments will be monitored through inpatients dashboard.</p> <p>Clinical Service Lead to review and monitor dashboard for completion rates weekly</p> <p>Band 6 Nurses to complete monthly perfect ward audits</p> <p>Ward round template to be used to identify care plans and risk</p>	<p>Clinical Service Lead Associate Medical Director</p>	<p>Completed and Ongoing: December 2019 completed roll out of Perfect Wards. Perfect wards audit cycle now embedded in practice with weekly and Monthly auditing cycles with areas for improvement and areas of good practice identified within the App for instant feedback to teams: discussed in weekly quality meetings.</p>	<p><b>Lewisham Directorate current practice:</b> Perfect Ward audits for care plans and risk assessments in clinical safety audit: completed weekly on all inpatient services. This will be reviewed in the monthly team Governance meetings and within Governance Executive meeting - minutes from Governance Executive meeting and Team Governance meetings</p> <p>Ward Manager and Consultant have daily oversight of inpatients dashboard via Red2Green.</p> <p>Performance monitored through monthly performance meetings chaired by Deputy Service Director. Directorate oversight in monthly Performance Executive meeting and Trust oversight via Performance and Quality meeting monthly. - evidenced through minutes of these meetings</p> <p>February 2020 Lewisham Directorate Lessons learned event focused on risk assessment and risk formulation with a focus on involving carer's in understanding risk and a section on Risk assessment and leave</p>	<p>Quality Meeting weekly Performance Executive monthly Governance Executive monthly Monthly Team Governance meetings Monthly Supervisions</p>
7	SLAM	<p>Clare Ward leadership team to develop information leaflets for patients families. (Graded by NICHE As a B: completed and embedded in practice)</p>	<p>Clare Ward will develop information leaflets for patient families. This will embed provision for separate meetings for families and carers to be facilitated on all wards, where this is consistent with the patients capacity if permission is given, or best interests if capacity is lacking.</p>	<p>Community Service Manager Deputy Head of Nursing and Quality</p>	<p>Completed and Ongoing: December 2019 first phase of Community Transformation August 2020 for second phase community transformation.</p>	<p>Evidence from NICHE report: The Ladywell Unit information pack for patients contained information about support for carers, working with carers to make an engagement and support plan, carers' assessments, involving family members and carers and how to get in touch. Specifically, it contains a paragraph inviting carers to ward rounds to meet the Consultant Psychiatrist, and offered further opportunities to meet junior doctors on the ward. The Trust Families and Carers' Handbook contains a section providing information about listening to carers, consent and confidentiality and how best to involve the carer.</p> <p><b>Lewisham Directorate current practice:</b> Community transformation is currently underway and there has been agreement by London borough of Lewisham to provide funding for carers support leads.</p> <p>The Lewisham Executive now has a carers lead due to the formation of a new post of Deputy Head of Nursing and Quality and Matron leading on Carers work - feedback through the Governance executive and evidence in meeting minutes: Local SUCAG (Service User and Carer Advisory Group) Meets once a month and is supported by both the HOn and the Patinet and Public involvement lead for Lewisham. January 2020 the Lessons learned event focused on Carer and their involvement in informing care.</p> <p>SLaM has developed information on communication and information sharing with families and carers which can be found on the Trust intranet MAUD : This includes a booklets for staff and carers.</p> <p>Evidence of carer's involvement in care and care plans audited through Perfect Wards App and monitored through Performance and Governance executive meetings - Meeting</p>	<p>Community transformation documents and tracker</p> <p>Governance Executive meeting monthly</p> <p>Performance Executive meeting monthly</p> <p>Quality meeting weekly</p>

					minutes to provide evidence and audit results  Lewisham will be actively recruiting Lived experience practitioners and currently supports the double tick scheme for recruitment which includes Lived experience.	
8	SLAM	Trust-wide professional Leads for each Directorate will enlist the help of experts in ASD to be considered when a patient with ASD is admitted to hospital. Pathways for obtaining this expertise to be clarified (Graded by NICHE as D)	Ward to undertake Green light toolkit audit: A guide to auditing and improving mental health services so they are effective in supporting people with autism and people with learning disabilities.  Increase awareness of Ward teams of availability of Nurse Consultant for Learning Disabilities and Autistic Spectrum Disorder support	Clinical Service Lead Consultant Nurse for LD	Completed December 2019 and Ongoing  Evidence from NICHE report: Clare Ward has Learning Disability Lead Nurse on the ward. The Trust has appointed a Service Lead for Mental Health Learning Disability and Autism, and a Consultant Nurse Learning Disability with the aim of delivering the Greenlight Toolkit and the Learning Disability Improvement Standards and to develop training and provide direct clinical support  Lewisham Directorate and Trust current practice: Nurse Consultant of learning Disabilities (LD) and Autism - Autistic Spectrum Disorder (ASD) has been appointed and will be tracking number of referrals highlighted to Nurse Consultant and Lewisham ASD Clinic and providing support to teams: she has met with Lewisham Directorate teams and provided advice and support for patients within our care.  Quality meeting minutes: Nurse Consultant attendance (13th September 2019) - to support completion of the green light toolkit to help identify areas of need and good practice in relation to working with LD and ASD - Evidence - Outcome of the green light toolkit audit: working with individual wards to complete this for their clinical area  Nurse Consultant for LD has conducted training for LD champions from each clinical service: These champions will receive supervision from LD Nurse Consultant: She has also spoken at Nurse Leader events to raise awareness around the needs and experiences of Clinets with LD and ASD  Lewisham Wards actively trying to recruit RNLDs to support understanding and practice on the ward:  Matrons in post to support teams in delivering effective care for all Clients but with special focus on those with complex needs  Minutes of the Serious Incident (SI) Panel Evidence action meeting and Learning from lessons workshops in which learning from lessons and implications for practice are shared. Learning from Lessons is a quarterly event  Trustwide ASD service to provide clinic at Lewisham in order to enable improved access to local Lewisham residents: Lewisham has highlighted any access difficulties as a risk on the Directorate Risk Register and has escalated any concerns to the services.	Quality Meeting -weekly Lewisham Serious Incident Panel - Monthly executive meeting
9	DHR	The Trust to review its response to domestic abuse, covering staff awareness and availability of training, the effectiveness and impact of policies and procedures, the identification of victims and perpetrators, risk identification and referral, and safe and appropriate ongoing work with those individuals including multi-agency working, and for a mechanism to be put in place for ongoing monitoring of the response. (Graded by NICHE as B)	All safeguarding concerns are reported through the Datix reporting system and under the safeguarding tab on epts and to the Lewisham safeguarding team and followed up by the directorate safeguarding leads and Lewisham council lead.  All Datix's are reviewed daily by senior Nurses including the Head of Nursing and Governance Lead and the safeguarding leads are alerted of all Datix's with safeguarding concerns	Safeguarding Lead Governance Lead	Ongoing  Evidence from NICHE report: The Trust Domestic Abuse Policy (version 2.3 ratified February 2017, review October 2019) includes sections on signs of domestic abuse, creating an environment for disclosing domestic violence and abuse, the identification of victims and perpetrators, response and risk assessment following disclosure and safety planning, a checklist to identify high risk cases and risk identification and referral. The policy states that all clinical staff are giving a brief introduction to domestic violence and abuse as part of both safeguarding children and adults mandatory training. In addition to this, additional guidance around domestic abuse is accessible to staff on the Trust Intranet system. Domestic abuse training is available for all staff via internal LEAP training system. All staff are encouraged to access domestic abuse training provided by local safeguarding children boards and safeguarding partners. We were informed that a domestic abuse conference for staff to be held in 2019. There is a Trust-wide Named Nurse for Safeguarding Children and a Trust-wide Named Professional for Safeguarding Adults available for staff to contact for consultation and advice.  <b>Lewisham Directorate current practice:</b> There is a named lead at Executive level for safeguarding Children and Safeguarding Adults within the Lewisham Directorate: This staff member is available for staff to contact for consultation and advice. She also works closely with the Governance lead to identify and track any safeguarding concerns: All safeguarding concerns are reported through the Datix reporting system and under the safeguarding tab on epts - Evidence of actions taken to safeguard are documented under the safeguarding tab and in factfinds on Datix. Tracker completed of all safeguardings raised, actions taken and outcomes. - Safeguarding is monitored at the Lewisham Governance Executive meeting - minutes from this meeting  Safeguarding is discussed as part of the SLAM Performance and Quality meeting Monthly  Lesson learned events: safeguarding lessons learned are fed back to staff at the Lessons learned events held quarterly in Lewisham- evidence from Lessons learned agenda.	Governance Executive meeting - monthly Lewisham Safeguarding adult Board meeting Quarterly SLAM Performance and Quality meeting Monthly

10	DHR	<p>The Trust to report to the Safer Lewisham Partnership on the ways in which they have responded to the lessons learned about family concerns being acted upon during inpatient stays, and in particular to risk assessment, planning for discharge and section 17 leave. (Graded by NICHE as E)</p>	<p>SLaM do not currently report to Safer Lewisham Partnerships but we are exploring SLaM attendance: However SLaM does regularly report to the following: Report to Lewisham Police Liaison meetings: Bi-monthly meeting with wide membership including Site management team, Inpatient General manager, HoN, Ward managers, AMHP Team Leader, Community Senior management representatives and community Consultants. The meeting has a standing agenda of Critical care incidents, Inpatient and Community Incidents, Interface issues, AMHP issues and AWOL Report to Tri-monthly Trust wide SLaM Police Liaison Meeting Report to Lewisham Safeguarding Adult Board Report to Lewisham CCG: Regular Monthly meeting at SIRG and Lewisham SI Panel for sign off of actions evidence and regular updates as and when required</p>	<p>CSL Governance Lead</p>	<p>Completed December 2019 and Ongoing</p>	<p><b>Lewisham Directorate current practice:</b> Action evidence sign off meeting with CCG at Lewisham Directorate Serious Incident Panel. Bi-monthly part of the Lewisham Serious Incident Panel meeting during which the representative for Lewisham Clinical commissioning Group (CCG) attends to assess and sign off evidence of actions completion from recommendations and lessons learned from Serious incidents- Minutes from meeting</p> <p>Minutes from Serious Incident Review Group (SIRG) monthly meetings- Meeting between SLaM and CCG in which Serious incident reports are reviewed and ratified.</p>	<p>Lewisham Police liaison meetings Bi-monthly: Bi-monthly meeting with wide membership including Site management team, Inpatient General manager, HoN, Ward managers, Approved Mental Health Professional (AMHP) Team Leader, Community Senior management representatives and community Consultants. The meeting has a standing agenda of Critical care incidents, Inpatient and Community Incidents, Interface issues, AMHP issues and Absent without leave (AWOL)</p> <p>SLaM Trust wide tri-monthly police liaison meeting: Clinical Service Lead's attend on behalf of Lewisham</p> <p>Lewisham Safeguarding adult Board meeting Quarterly</p> <p>Serious Incident Review Group (SIRG) - Monthly Meeting between SLaM and CCG in which Serious incident reports are reviewed and ratified.</p> <p>Lewisham Serious Incident Panel: Monthly - Bi-monthly Serious Incident (SI) Panel Evidence action meeting - Part of the Lewisham Serious Incident Panel meeting during which the representative for Lewisham Clinical commissioning Group (CCG) attends to assess and sign off evidence of actions completion from recommendations and lessons learned from Serious incidents</p>
11	DHR	<p>The Trust to review the systems in place in adult mental health wards for maintaining dialogue with inpatients GPs whilst they are on the ward. To feed back to the Safer Lewisham Partnership and to work with the CCG and NHS England as appropriate for taking any action needed to improve communication with GPs in Lewisham. (Graded by NICHE as D)</p>	<p>Acute Care Pathway Process Model: This stipulates that Community Teams must ensure that GP details are correct at time of admission and that Discharge notification is sent to GP within 24 hours of discharge</p> <p>Lewisham directorate are recommending that the Trust Acute Care Pathway Model includes a template letter that is completed on admission and circulated to the patient's GP.</p> <p>Lewisham Directorate is currently undertaking a community redesign on an alliance model with greater alignment and integration with GPs as part of its remit.</p> <p>As Above SLaM do not currently report to Safer Lewisham Partnerships but we are exploring SLaM attendance: However SLaM does regularly report to the following: Report to Lewisham Police Liaison meetings: Bi-monthly meeting with wide membership including Site management team, Inpatient General manager, HoN, Ward managers, AMHP Team Leader, Community Senior management representatives and community Consultants. The meeting has a standing agenda of Critical care incidents, Inpatient and Community Incidents, Interface issues, AMHP issues and AWOL Report to Tri-monthly Trust wide SLaM Police Liaison Meeting Report to Lewisham Safeguarding Adult Board Report to Lewisham CCG: Regular Monthly meeting at SIRG and Lewisham SI Panel for sign off of actions evidence and regular updates as and when required</p>	<p>CSL Governance Lead</p>	<p>Completed December 2019 and Ongoing</p>	<p>Evidence from NICHE report: Trust Performance and Quality report January 2019 details that they use a system of 'Quality Alerts' to review and respond to concerns raised mainly by GPs (but also other health organisations or partners such as the police or third sector agencies) on behalf of their patients or clients. We also note that Lewisham services have begun developing a partnership model which will deliver integrated mental health services across the borough. The first service to develop this approach is the newly launched Primary Care Enhanced Service delivered in partnership with MIND. We were told that communication with GPs had improved through this strategic development.</p> <p>Lewisham Directorate current practice: Implementation of ICARE on inpatient units</p> <p>Action evidence sign off meeting with CCG at Lewisham Directorate Serious Incident Panel - Part of the Lewisham Serious Incident Panel meeting during which the representative for Lewisham Clinical commissioning Group (CCG) attends to assess and sign off evidence of actions completion from recommendations and lessons learned from Serious incidents</p> <p>There will be an addition of GP details updated and letter to GP on admission as part of the ICPM admissions checklist: This is in progress</p>	<p>Lewisham Police liaison meetings Bi-monthly: Bi-monthly meeting with wide membership including Site management team, Inpatient General manager, HoN, Ward managers, AMHP Team Leader, Community Senior management representatives and community Consultants. The meeting has a standing agenda of Critical care incidents, Inpatient and Community Incidents, Interface issues, AMHP issues and AWOL</p> <p>SLaM Trust wide tri-monthly police liaison meeting: CSL's attend on behalf of Lewisham</p> <p>Lewisham Safeguarding adult Board meeting Quarterly</p> <p>SIRG (Serious Incident Review Board with CCG's) Monthly</p> <p>Lewisham SI Panel: Monthly - Bi-monthly</p>