

Independent Investigation Action Plan							
West London NHS Trust Statement The Trust would like to offer our condolences and sincere apologies to Jenny Foote's family and friends. Following recommendations made by an internal investigation in 2016, the Trust has taken action to make the necessary changes and embed what we have learnt in our practice. The delivery of these actions is monitored by the Trust Board and has also been reviewed by NHS England. We accept the recommendations of the independent investigation report in full and are committed to continuing to improve our practice. While we fully understand that this will not lessen the terrible loss which Ms Foote's family has suffered, we hope that this provides assurance of our commitment to learn from this tragic case.							
London Borough of Ealing and Ealing Clinical Commissioning Group Statement Ealing Clinical Commissioning Group and Ealing Council would like to pass our sincere condolences to everyone who has been affected by this tragic death, particularly Jenny Foote's family, friends and colleagues. Both organisations accept the independent report's recommendation and remain committed to working together to address the issues that have been raised.							
London Cyrenians Housing Statement London Cyrenians and everyone connected with the charity was and remains deeply shocked and saddened by this tragic event. Jenny was a well-liked and respected member of our team. She is deeply missed. Our thoughts remain with all her family and friends. The safety of our staff and service users is paramount and to that end, we have worked in partnership with London Borough of Ealing and CCG to comply with the recommendation in the report.							
Date Published: 8 October 2020							
Rec No.	Organisation	Recommendation	Actions to achieve recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & evaluation arrangements
1	WLT	The Trust must ensure that discharge planning includes the following elements and develop a system to ensure standards are maintained. • How legal conditions of discharge are interpreted. • Provide a complete discharge summary and care plan which includes contingency management prior to discharge. • Define who is responsible for delivery as well as what interventions are to occur and when. • Must include carers, provider service staff and all relevant clinical personnel.	<ul style="list-style-type: none"> West London Forensic Services (WLFS) discharge policy has been updated to reflect all the learning from this Serious Incident. Legal matters related to discharge are discussed within multiagency Section 117 meeting. Invitees will always include the host or identified placement, the community team, Service Users' legal representative and carers (with the Service Users permission). 	Responsible Clinician Clinical Lead Clinical Director	<ul style="list-style-type: none"> Sept 2020 May 2019 (Completed) August 2015 (Completed) August 2018 (Completed) September 2018 January 2018 (Completed) January 2016 (Completed) January 2018 (Completed) March 2020 (Completed) September 2020 January 2016 (Completed) September 2020 In progress September 2020 January 2016 (Completed) 	<ul style="list-style-type: none"> WLFS have drafted a new discharge policy in consultation with inpatient and community forensic services. In final stages of Consultation currently. WLFS have established community forensic attendance in weekly ward rounds with an information pathway to and from WL community forensic team and ward team. Community forensic staff attend CPAs and pre-discharge 117 meetings for all rehab ward patients. WLFS have developed an aide memoir for community forensic staff to use to check that discharge planning is following process and good practise. Everyone discharged from secure care to WLT community forensic service is placed on the amber alert in the RAG system for one month – this means that contact is at a minimum of every week and that contact is discussed with the whole team every week; that the family/carers are contacted and liaised with during the post discharge 4 weeks. 48 hour follow up is in place following all discharges from Forensic Services to WLT Forensic Community teams. WLFS do not discharge on Fridays or prior to bank holiday weekends. WLFS discharge all Conditionally Discharged Restricted Patients (CDRP) to WLT Forensic Community team to a triangle model which includes RC, SS, and MH Practitioner. WLFS won't accept a transfer of care from inpatient services unless the HCR20 is up to date and of good quality. It is then reviewed within the first 3 months of discharge by WL community forensic services. Specialist Forensic Community Team now have identified hostel link workers to communicate about the general updates of hostel providers and any queries they may have for the service. WLFS have created a discharge checklist as part of the Discharge Policy (to be completed prior to discharge): - MAPPP (Multi Agency Public Protection Panel) referral and confirmation; JIGSAW and Violence Liaison Officer liaison (within probation); HCR20; Carer Contact; ID; Social Support; Budgets; as part of discharge policy As soon as a discharge location is identified the community forensic team will allocate the proposed clinical team to participate in discharge planning. The pre discharge 117 meeting clarifies who is responsible for fulfilling the conditions of discharge (Service User (SU), Carer, Professionals) in the pre-discharge 117 meeting and ensuring these actions are listed in the care plan, specifically addressing the conditions of discharge and how they are to be met. Clearly set out in discharge policy Planned event for accommodation providers regarding community forensic services and risk management, designed in collaboration with service users, victims and families of victims. This is delayed due to the Covid lockdown but design work continues. The new discharge policy sets out the terms of providing Discharge Summaries to community forensic services in a timely manner. Community forensic services currently do not have any statutory responsibility for identifying placements. However, we collaborate where possible with RLAs to advise and consult on appropriate placements in our view. 	<ul style="list-style-type: none"> Directorate Pathways Meeting chaired by the Clinical Lead for Low Secure and Community Monthly FOS/SCFT allocation and performance database reviewed weekly by RCs, Community Team Manager, Social Workers and MH Practitioners. Audit of CPA minutes presented to Clinical Improvement Groups Directorate and Service Wide. Quality and Performance indicators monitored through monthly Trust Clinical Governance meeting, bi-annual Trust Management Team performance reviews and through Trust Wide Quality Committee.
2	WLT	The Trust must ensure that the agreed standardised risk assessment (including HCR-20) protocols, practice and documentation are monitored to reflect the outcomes from the Trust's internal action plan. The focus of monitoring should be on communicating risk related information, reviewing of risk assessments and management plans considering additional information and the development of a risk formulation.	<ul style="list-style-type: none"> WLFS provides Version 3 HCR20 training to all registered clinical staff. West London Trust has developed a Business Intelligence system (WLB) which shows clinical staff the compliance with HCR20 in real time. Regular qualitative audits are undertaken. 	Director of Nursing & Patient Experience Clinical Director WLFS Head of Knowledge Management Head of Psychological Therapies & Audit WLFS	<ul style="list-style-type: none"> January 2018 (Completed) January 2018 (Completed) January 2018 (Completed) January 2018 (Completed) January 2018 (Completed) January 2018 (Completed) January 2021 July 2020 	<ul style="list-style-type: none"> Audits completed and presented to WLFS Clinical Governance Meeting. Audit occurs on a 3 yearly audit cycle. Performance of WLB monitored monthly through Clinical Governance Meetings - Community forensic psychologist undertakes regular audits of the HCR20. They then prioritise which HCR20s require review and will undertake work with the clinical team to review and complete the HCR20, including one to one sessions with clinicians. We share the HCR20 with hostel providers. We complete the CPA risk assessment reviews in collaboration with the hostel provider, service users and carers/others. January 2018 Reviewed all of our lone working procedures. Planned event for accommodation providers regarding community forensic services and risk management, designed in collaboration with service users, victims and families of victims. This is delayed due to the Covid lockdown but design work continues. We are participating in a specialist community forensic team pilot which includes more wrap around care and other forms of support and intervention, including the introduction of: - occupational therapists; recovery workers, peer support workers and a Carers Lead as well as a WTE psychologist to provide community based therapies. 	<ul style="list-style-type: none"> Audit of HCR20 presented to Clinical Improvement Groups Directorate and Service Wide. Quality and Performance indicators monitored through monthly Trust Clinical Governance meeting, bi-annual Trust Management Team performance reviews and through Trust Wide Quality Committee.
3	WLT	The Trust must ensure that joint working practices with other organisations reflect developments in practice and protocol arising from this incident and the internal investigation action plan outcomes. Specifically, that joint risk assessment and management plans, contingency plans and agreed protocols for discharge and recall are agreed in each individual case.	<ul style="list-style-type: none"> West London Forensic Services (WLFS) discharge policy has been updated to reflect all the learning from this Serious Incident. Risk Assessments, Risk Management Plans and Contingency Plans are discussed within multiagency Section 117 meetings. Invitees will always include the host or identified placement, the community team, Service Users' legal representative and carers (with the Service Users permission). The Learning from this incident will be shared internally within the Trust and externally. 	Responsible Clinician Clinical Lead Clinical Director Director of Nursing & Patient Experience	<ul style="list-style-type: none"> January 2016 (Completed) January 2018 (Completed) January 2018 (Completed) April 2019 (Completed) July 2020 September 2020 	<ul style="list-style-type: none"> Prior to discharge all conditionally discharged restricted patients under FOS/SCFT have an allocated Social Worker and a Forensic Community Mental Health Nurse as well as Responsible Clinician responsible for their care. This is documented on the FOS/SCFT allocation and performance database. Invitations to attend CPA/pre discharge 117 meetings are sent to organisations that will be providing day to day care on discharge of patients. Risk assessments and care plans are shared with the accommodation provider. There has been significant investment within FOS/SCFT: <ul style="list-style-type: none"> 1 WTE (Whole Time Equivalent) New RC post Extra psychology input 1 WTE OT post FOS/SCFT 1 new recovery support worker to help smooth transition from inpatient to community services 4 MH Practitioner posts There has also been investment to the FoCuS community team as well as new funding for a Specialist Community Forensic Team (SCFT) covering Ealing, Hounslow and Brent. SCFT is a new team that provide robust 24/7 follow up to former forensic inpatients. It is a multidisciplinary team that works closely alongside other organisations working with an individual in the community. Trust Wide Learning Lesson Agenda & via London-wide forums 	<ul style="list-style-type: none"> Audit of CPA minutes presented to Clinical Improvement Groups Directorate and Service Wide. Quality and Performance indicators monitored through monthly Trust Clinical Governance meeting, bi-annual Trust Management Team performance reviews and through Trust Wide Quality Committee.
4	WLT	The Trust must ensure that staff are appropriately skilled and competent to undertake the role of Social supervisor.	<ul style="list-style-type: none"> All Forensic Outreach Service/ Specialist Community Forensic Team (FOS/SCFT) Community Psychiatric Nurse and Social Workers now undertake a training manual on the role of the Social Supervisor as part of their induction and are expected to attend the Social Supervisor training course. There is no accredited national training but WLT Social Work department run training twice a year. Competence reviewed through supervision and Personal Development Reviews. 	Director of Organisation Development & Workforce FOS/SCFT Team Manager Service Director Low Secure & Community	On-going	<ul style="list-style-type: none"> Training Records Supervision Records PCR Records - As well as Supervision Training: <ul style="list-style-type: none"> Clinical and Social Supervision refresher training for the whole team so everybody understands the roles. Provision of - KUF - Knowledge and Understanding Framework Training" this supports staff to understand personality disorder and to work with service users with personality disorder more effectively, HCR20; MAPPP; Appropriate Adult; Tree of Life - focuses on facilitating collaborative recovery in a multicultural and multi-ethnic group ; Trauma Informed Care; Peer Based Approaches; Formulation - understanding the presenting problem, predisposing factors, precipitating factors, perpetuating and protective factors – used by mental health professionals as part of the risk assessment process. Change the MH Practitioners and MH Practitioners to Mental Health Practitioners in the table. 	Trust Wide Workforce Planning Group. WLFS Governance Meeting. FOS/SCFT Clinical Improvement Group Meeting.
5	WLT	The Trust must ensure that it has a robust process for checking that all staff are appropriately registered with their professional body, and this should include ensuring that any agency staff employed are appropriately registered.	<ul style="list-style-type: none"> All agency staff that are booked through the Temporary Staffing Team are booked through framework agencies, which are required to undertake appropriate checks including registration. 	Director of Organisation Development & Workforce	July 2016 (Completed)	<ul style="list-style-type: none"> Pre-employment checks for temporary staff are undertaken before commencing clinical contact. The Trust has implemented an automated alert system for Line Managers of professional registered staff to inform them when their professional registration is due to lapse. 	Trust Wide Workforce Planning Group. WLFS Senior Management Team Meetings. NHS agency review - Agencies are only engaged if they are on the approved Framework. All suppliers on the framework have been audited to ensure ability to comply with NHS pre-employment check standards. The agency will ensure that the candidate is compliant with all the pre-employment checks – References, Professional Registrations, ID check, Right to work, training, OH clearance and DBS clearance. Internal audit

<p>In partnership with LCN, the commissioners of Collette House should clarify the role and nature of the Collette House service provision, including the limits of the service, and clear thresholds for raising and escalation of any concerns.</p>	<p>a) Develop an escalation process for registering relapse/ risk/ areas of concern</p>	<p>Chief Executive- London Cyrenians</p>	<p>Completed. An eligibility criteria, escalation process, flowchart and protocol were developed in 2017. The escalation process, flowchart and protocol were agreed by the London Borough of Ealing and Ealing CCG in 2017.</p>	<p>1. Escalation process for registering relapse/ risk/ areas of concern. 2. Concern escalation flowchart. 3. Escalation e-mail protocol</p>	<p>Quarterly performance monitoring of the service is undertaken by the Adult Support Team. Quality assurance of the service is also undertaken by the Adult Support Team.</p> <p>The London Borough of Ealing and Ealing Clinical Commissioning group are currently reviewing the service specifications for mental health services. This review is on-going and the anticipated completion date is September 2020. As part of this review, the documents agreed in 2017 will be reviewed to ensure they align with the processes of the Recovery Teams. In addition, the strategic relevance and purpose of services would be reviewed when there are changes in national and local policies and strategic priorities.</p>
	<p>b) Clarify the eligibility criteria of Collette House</p>	<p>Mental Health Commissioner- LBE/ECCG</p>	<p>The eligibility criteria was developed in 2017 and reviewed as part of an overall review of service specifications of mental health. Completed September 2020.</p>	<p>Copy of the eligibility criteria.</p>	<p>As mentioned above, a review of the service specifications of mental health services is on-going. As part of this the eligibility criteria has been agreed. In addition, the eligibility criteria of services such as Collette House would be reviewed when there are changes to national and local policies.</p>