

Independent Investigation Action Plan for Mr A							STEIS 2018/8678
Statement from North East London NHS Foundation Trust (NELFT) - As a Trust we would like to extend our sincere condolences to the family and friends of the victims and we acknowledge the pain and distress that they have endured.							
The Trust completed a serious incident investigation into the homicide with a number of actions taken as a result of this investigation. NICHE undertook an independent assurance review which was completed in February 2020 and made further recommendations on care and service delivery. This action plan below provides evidence that these recommendations have been addressed with learning embedded into practice.							
Statement from North East London CCG (NEL CCG) NEL CCG would like to extend our deepest sympathies to all affected by this tragic case. NEL CCG works with NELFT to seek assurance that services they provide are: safe; effective; caring; responsive; and well led. NEL CCG has received assurance from NELFT with regard to implementation of the action plan through a number of assurance processes these include (but are not limited to): Previously - Clinical Quality Review Meeting (CQRM) - The CQRM process previously provided 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 and Mental Health Homicide Reviews such as this case. Since early 2020 these meetings have now been replaced by CCG attendance at NELFT internal governance meetings, where key quality concerns including incidents such as the above are discussed, this enables earlier CCG engagement in the process. Quality Assurance visits - NEL CCG carry out quality assurance visits to a range of services providing care. Through these visits the CCG will look for assurance that actions from this investigation have been implemented and are embedded into practice. Although these visits had been stepped back due to the pandemic, we are looking at re-starting this process, and will re-visit the actions from this report to ensure they are embedded into practice. Review of Serious Incidents - The CCG is responsible for reviewing all Serious Incidents reported by the Trust relating to services delivered within North East London. The CCG will ensure that any trends or themes arising are effectively addressed, and any additional assurance required will be requested from the Trust. Once again our deepest sympathies to the families and friends affected by this case.							
Rec No.	Organisation	Recommendation	Actions to achieve recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & evaluation arrangements
1	NELFT	A review of the current process for requesting police information to be completed by the Community Recovery Team (CRT) and Forensic outreach service to ensure it meets the needs of the Community Recovery Team. Residual recommendation: Assess the impact of the action in the NELFT/ELFT Forensic Trust group and review the protocol.	1. The CRT will put in protocol in place in collaboration with the police liaison officer and forensic team on requesting information on the police national computer (PNC) 2. Review of protocol and circulate to Waltham Forest (WF) Community Recovery Team (CRT) 3. Discuss at East London NHS Foundation Trust (ELFT) /North East London NHS Foundation Trust (NELFT) partnership group.	Service Manager/ Pathway Lead	1. Completed 01/02/2019 2&3. Completed 21/07/2020	1. Copy of the Protocol 2. Protocol reviewed and circulated to Waltham Forest (WF) CRT and EIP on 21/7/2020 3.ELFT/NELFT partnership group meeting minutes (21/07/2020) Case level discussions now take place through Forensic liaison meetings	NELFT/ ELFT Forensic Partnership meeting (bimonthly) and Forensic liaison meetings
2	NELFT	An audit of CRT cases involving the criminal justice system to be carried out to establish the level of engagement and referral for Forensic assessment, where appropriate. Residual recommendation that the embeddedness and impact of the action is assured through this process.	The team will devise an audit schedule using the forensic assessment referral criteria standards and complete a sample audit of clients known to Criminal Justice System	Service Manager/ Pathway Lead	Completed 01/04/2019	1. Copy of the completed audit 2. Minutes of CRT Community of Practice (COP) meetings Regular audits are carried out and these are monitored regularly at the directorate business meeting where learning is shared and any gaps in service are addressed.	CRT COP meetings (monthly) WF CRS teams meetings (monthly).
3	NELFT	An audit of CRT Zoning minutes to be crossed referenced with EPR to establish that clinical reasoning has been transferred to patient records at the point of care delivery. Residual recommendation: Nil although follow-up action due October 2019.	1. The team will devise an audit schedule and complete a peer audit of their zoning minutes and Electronic Patient Record (EPR) against the specific standards in zoning protocol with a specific focus on recording of decisions in EPR.	Service Manager/ Pathway Lead	Completed 01/02/2019	1. Copy of zoning minutes and progress notes audit 2. Copy of follow-up audit. The audit evidenced that all discussions and clinical reasoning are now being recorded in the EPR The EPR system now allows for clinical discussions, reasoning and action plans to be documented contemporaneously.	CRT zoning meetings (weekly)
4	NELFT	Audit of MAPPA attendance and the feedback process to relevant care coordinators. No residual recommendations.	To review the MAPPA attendance and feedback information based on known clients discussed at MAPPA.	Service Manager/ Pathway Lead	Completed 07/02/2019	Copy of Audit of MAPPA attendance.	WF MAPPA (monthly). WF MAPPA representative has changed personnel and this role is now carried out by the borough social care lead.
5	NELFT	CRT cases audit to establish the SU that miss appointments are seen within one month. Residual recommendation: Follow-up audit is discussed at Divisional Business Meeting for further agreement to determine the most appropriate action required and that this is monitored through the Quality Leadership Meeting (QLM).	1. The team will obtain a report for the previous six months of clients that have missed appointments and audit a random sample of no less than 50 percent against the standard in the missed appointments policy - (clients to be seen within one month of missed appointments). 2. Reaudit 30/06/2019.	Service Manager/ Pathway Lead	Completed 01/02/2019 Completed 06/08/2019 Completed 30/06/2019	Copy of completed audit. Policy for missed appointments shared with team. Analysis of missed appointments in WF as a comparison across the Trust to establish baseline percentage of missed appointments. Residual recommendations: Follow-up audit demonstrated that 85 % of patients who had missed an appointment were followed-up within one month. Un-outcome appointment reports are discussed at the monthly Divisional Business Meeting and actions put in place to address gaps.	CRT COP meetings (monthly) WF Community Recovery Service team meetings (monthly). Leadership Team Meetings (previously Divisional Business meetings)(monthly).
6	NELFT	Carry out audit of CRT cases to establish compliance with requirement that when patients have disengaged and a plan to improve engagement and crisis plan is in place. Residual recommendation: The initial audit and the lack of capacity to repeat audit is discussed at DBM to determine action required and monitor through QLM.	1. The team will identify clients that have disengaged in the last 6 months and complete an audit of a random sample of no less than 50% of these cases to check if crisis plans were put in place following reported disengagement. 2. To be reaudited on 14/03/2021.	Service Manager/ Pathway Lead	Completed 01/02/2019 & 14/03/2021	1. Copy of completed audit 2. Follow-up audit completed on 14/03/21 3. Minutes of Community Team Recovery (CRT) business meetings Audit demonstrated that staff are highlighting patients who are disengaging through the team clinical zoning meetings, the trust high level risk register and risk assessments / crisis plans are being reviewed. This is now embedded within practice with clear levels of escalation to QLM for appropriate actions to be taken.	COP meetings (monthly) CTR Business Meetings (monthly)
7	NELFT	The CRT to improve the 75% compliance rate for risk assessment training to the Trust standards of 85%. Residual recommendation: No recommendation made as to be addressed as one of the Trust quality workstreams.	The team leads will identify the cohort of staff requiring training and proactively book staff on.	Service Manager/ Pathway Lead	Completed 30/10/2019	Staff booked on training and compliance level in March 2019 was at 85%. Compliance levels are monitored through DBM (Directorate Business Meetings) and reported into QLM (Quality Leadership meeting). Impact of training monitored through Trust quality improvement workstream.	CRT leads meetings (weekly)
8	NELFT	CRT to establish the current compliance rates for supervision. Residual recommendation: To assess the impact of the action in due course locally and as required through the Trust quality and patient safety committee.	The team leads to complete a peer audit of supervision compliance against the Trust standards in relation to the frequency of supervision in the CRT.	Service Manager/ Pathway Lead	Completed 29/10/2020	Copy of completed audit. The audit demonstrated supervision compliance is above 80%. Supervision compliance now monitored through DBM and reporting into QLM with actions taken to address gaps where identified.	Managerial supervision (monthly). Supervisors to complete monthly spreadsheet.
9	NELFT	Consideration of Forensic awareness training for CRT staff.	Trust wide Learning event.	Deputy Medical Director	Completed 17/11/2020	Two Trust Wide Learning events completed.	Quality Safety Committee (monthly)
10	NELFT	Consideration of a protocol to support clinicians in their work with the criminal justice system.	Protocol completed.	Service Manager/ Pathway Lead	Completed 29/04/2019	Copy of guidance on making forensic referrals presented and circulated to CRT staff on 29/4/2019.	N/A