

Statement from Central and North West London NHS Foundation Trust:

We extend our sincere condolences to the family and friends of Nigel 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 has fulfilled all of the recommendations made in the independent investigation, so actions are implemented and embedded to improve practice. This action plan has been monitored externally by the North West London Clinical Commissioning Group, who have closed it following their appraisal of evidence submitted by the Trust.

Statement from Frimley CCG

Frimley CCG (previously East Berkshire CCG) would like to extend our deepest sympathies to the family and friends of Nigel. The CCG works closely with Berkshire Healthcare NHS Foundation Trust to ensure that services are safe, caring, effective, responsive, and well led. We also seek assurances that lessons are learnt, to reduce the likelihood of the incident happening again. Both organisations are committed to work together to address the recommendations made in this report.

Statement from NWL CCG

NHS North West London CCG is deeply saddened by this tragedy and our thoughts are with the family and friends of Nigel. We are working with Central and North West London NHS Foundation Trust to ensure that lessons are identified and learnt to reduce the likelihood of an incident like this happening again. We hope that this report reassures the family of Nigel that we have acted upon on all the lessons learnt from this review.

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Rec No.	Recommendation	Actions to achieve recommendation	Implementation Lead/s	Implementation by when	Evidence of Completion	Monitoring & evaluation arrangements
1	The commissioners of services and CNWL should ensure that the care and treatment of people with psychosis is delivered to meet the expectations of NICE guidance CG178 in Brent community teams.	<p>Trust response</p> <p>The Trust's Early Intervention in Psychosis (EIP) service will participate in auditing of NICE standards as part of the National Clinical Audit of Psychosis (NCAP)</p> <p>The Trust will review care pathways in line with NICE guidance.</p>	Brent Borough Director	Jan-20	<p>CNWL audits NICE standards yearly as part of the National Clinical Audit of Psychosis (NCAP). The EIP Audit Report for 2020/21 showed that the Trust was marked as "top performing" for Timely access. Areas identified for further improvement in Brent were:</p> <ul style="list-style-type: none"> physical health assessment and interventions and outcome measures including use of Dialog, an outcomes tool. <p>Other areas did not require action.</p> <p>Care pathways have been reviewed in line with NICE guidance. An Early Intervention Service clinical lead has been appointed in the Trust to lead on the early intervention model.</p> <p>Early Intervention Service teams have received family intervention training. Staff are also encouraged to complete Cognitive Behavioural Training (CBT) training.</p> <p>Three members of staff have been added to the team using funding from the Long Term Plan, creating increased assessment and care coordination capacity and improved oversight and leadership, therefore supporting delivery of the Early Intervention in Psychosis Referral To Treatment (RTT) requirements.</p>	<p>There is now a Trust wide steering group lead by the Medical Director for implementation of Dialog + and local groups to monitor local implementation. There will be an automatic prompt in the clinical record to ensure Dialog + is completed.</p> <p>Monthly physical health performance monitoring has shown consistent sustained improvement over time.</p> <p>A Clinical Lead with allocated sessional time chairs a monthly trust wide development meeting to discuss and agree implementation of Early Intervention Service processes and systems to ensure consistency and conformity to the NICE guidance.</p> <p>Before 2020 oversight on this service by Commissioners was through the Integrated Governance Committee (IGC) and the Clinical Quality Review Group (CQRG). Moving into a Single Operating Model compliance was initially through the monthly Brent Quartet Executive and Delivery Governance but this is now through the Integrated Care Partnership Board.</p> <p>Further monitoring through the Integrated Care System (ICS) is in place via the System Oversight Meetings which are held every quarter with the Trust.</p>
		<p>NWL CCG Response</p> <p>a) Initial services provided psychological therapies but these were inadequate in terms of both capacity and NICE compliant. As a result we reviewed the skills mix, capacity and capability of the commissioned psychological therapies with a view to aligning this provision with NICE recommended guidance for psychological interventions as a first line core treatment option.</p> <p>Since this incident, there has been significant investment in mental health services as a result of the NHS Long-term plan and Mental Health Investment standards. This investment will continue to grow to improve services.</p> <p>We:</p> <p>a) redesigned this service to be NICE compliant b) Increased access routes to psychological therapies within and beyond IAPT.</p> <p>c) Worked with CNWL and other commissioned services to ensure that patients have full access to psychological therapies in line with best practice guidance.</p> <p>d) Started treatments in early intervention in psychosis services within 2 weeks of referral.</p> <p>e) Offered cognitive behavioural therapy for psychosis (CBTp) which can be started during an acute phase and thereafter can be continued into the community.</p>	Assistant Director of MHLDA, Head of MHLDA, Consultant Clinical Psychologist, Clinical Director for Brent Mental Health Services, Brent Mental Health Services Borough Director	<ul style="list-style-type: none"> These actions were completed in November 2019 with additional psychology investment. The revised offer is for on average of 12 sessions per client. Given the complexity of the presentations, the new specifications recognise that most of the individuals in this group will need at least 16-20 sessions therefore this redesigned offer has the flexibility of both short term and longer term support. The length of treatment is also in line with the NICE recommendations for psychosis. This action has been complete based on identified needs of - flexibility for further session which is now routine with the additional investment in psychological therapies. There is on-going systematic reviews to ensure that this is meeting the needs of this cohort of service users 	<ul style="list-style-type: none"> The proposal that informed the redesign of the service on NICE guidance for all major Mental Health conditions and confirmation of additional investment is available was signed off by the Brent Executive Board in Sep 2019. Psychological interventions is now the first line core treatment option. The analyses of service user feedback in relation to mental health care also contained recommendations regarding improved access to psychological therapy as did the Mental Health Five Year Forward View which emphasised the need to increase access to psychological therapies both within and beyond IAPT. This is reflected in the specifications. Our response acknowledged that many people with severe mental health conditions faced long waits for psychological therapy. <p>To address this we:</p> <ul style="list-style-type: none"> increased access to psychological therapies for people to include for those individuals with psychosis, bipolar disorder and personality disorder. 	<p>Before 2020 oversight on this service was through the Integrated Governance Committee (IGC) and the Clinical Quality Review Group (CQRG). Moving into a Single Operating Model compliance was initially through the monthly Brent Quartet Executive and Delivery Governance but this is now through the Integrated Care Partnership Board.</p> <ul style="list-style-type: none"> The Integrated Partnership Board meets monthly and has a specific mental health and well-being Executive Group reporting to the board. This group has responsibility for monitoring service outcomes, and service user feedback and works to address any identified gaps and barriers to ensure that the service continues to meet the needs of the service users. Membership includes local partners from the NHS Mental Health Trust, Local Authority, CCG, Voluntary Sector, Carers reps and service user reps. There is representation from acute mental health, primary care, community services, substance misuse, accommodation and employment. There are systematic reviews on access and demand to include mental health, substance misuse, treatment and support for service users with ADHD
2	CNWL must ensure that there are clear standards for the accuracy, quality and timeliness of discharge letters from Park Royal Centre for Mental Health, and that measures are in place to maintain these standards.	The Trust will put a system in place to ensure quality and timeliness standards are maintained.	Brent Borough Director	Jan-20	<p>The Trust standard is that discharge notifications are sent within 24 hours of discharge from inpatient wards. A new discharge notification form was developed in 2020 with timeliness tracked through tableau. There is now an automatic 24-hour discharge notification that goes to GPs which provides medication, diagnosis and brief notification. This was initially monitored by matrons and pharmacists. It is now automatically monitored through tableau.</p> <p>Following implementation of the system for GP notification, the Trust sought feedback from GPs who confirmed satisfaction with the process and that they were receiving information in a timely way.</p>	<p>Pharmacists closely monitored the rollout of the new discharge notification form ensuring that GPs received the necessary information related to medication changes at discharge.</p> <p>Discharge notifications continue to be monitored through Tableau reports for timeliness with any identified issues escalated through local Care Quality Meetings.</p> <p>Before 2020 oversight on this service by Commissioners was through the Integrated Governance Committee (IGC) and the Clinical Quality Review Group (CQRG). Moving into a Single Operating Model compliance was initially through the monthly Brent Quartet Executive and Delivery Governance but this is now through the Integrated Care Partnership Board.</p> <p>Further monitoring through the Integrated Care System (ICS) is in place via the System Oversight Meetings which are held every quarter with the Trust.</p>

3	CNWL must demonstrate that the expectations of the Care Programme Approach (CPA) policy with respect to regular timely documented CPA reviews are met, and there is a system in place to maintain these standards.	<p>The Trust will continue to monitor CPA reviews ensuring that the system for reminders to complete them is robust and that exceptions are reviewed and mitigating actions put in place.</p> <p>The Trust has signed up to Triangle of Care</p>	Brent Borough Director	Jan-20	<p>There is regular communication to team leaders & care coordinators on upcoming CPA reviews and their deadlines. This includes a full yearly list as well as monthly reminders and status reports utilising a RAG system.</p> <p>In line with the new national community mental health framework the Trust is currently transitioning from CPA and will be embedding Dialog+ across services in 2022. Training is being rolled out to staff in community teams over the next few months with a view to launch the tool in regular practice in May 2022.</p> <p>Since the incident, the Trust has introduced a new clinical records system, SystemOne, linked to tableau reporting.</p> <p>CNWL has signed up to Triangle of Care - a national scheme to ensure carers are appropriately involved in a persons care. This means we are embedding the following 6 key standards in our services</p> <ol style="list-style-type: none"> 1. Carers should be identified at first contact with services or as soon as possible thereafter 2. Staff should be trained in carer awareness & engagement – 47 staff from Brent have been trained in the first months of implementation 3. Policies should be in place around confidentiality and information sharing with carers. 4. Carers Champions should be in place in all teams. 5. Carers should be "introduced" to the service and provided with a range of information. 6. Carers should be signposted to or offered a range of carer support services 	<p>These are monitored through clinical quality and performance meetings.</p> <p>CPA timeliness is a Key Performance Indicator (KPI) that is monitored monthly and Tableau reports show dates from the clinical records system, SystemOne, for timeliness. This is also reviewed in Team, Borough and trust-wide meetings.</p> <p>This metric is reviewed at the monthly performance meetings in the boroughs with exception reports required when targets are missed in the team.</p> <p>Before 2020 oversight on this service by Commissioners was through the Integrated Governance Committee (IGC) and the Clinical Quality Review Group (CQRG). Moving into a Single Operating Model compliance was initially through the monthly Brent Quartet Executive and Delivery Governance but this is now through the Integrated Care Partnership Board.</p> <p>Further monitoring through the Integrated Care System (ICS) is in place via the System Oversight Meetings which are held every quarter with the Trust.</p>
4	<p>NHS NW London CCG and CNWL must demonstrate that the guidance in 'Coexisting severe mental illness and substance misuse: community health and social care services (NICE 2016) is implemented in Brent EIS.</p>	<p>Trust Response</p> <p>The Trust will demonstrate implementation of the guidance in the Brent Early Intervention Service.</p>	Brent Borough Director	Jan-20	<p>Since the incident, there is currently a new CNWL Dual Diagnosis worker assigned to Brent 1 day a week to support those who have been referred.</p> <p>Since the incident, the mental health charity Rethink Mental Illness has been commissioned to work with patients who have substance misuse related issues but do not meet threshold for traditional substance misuse services. These are outreach workers and work proactively to engage these service users. Rethink workers are based in the community mental health teams.</p> <p>We have recently launched the Rapid Engagement and Support Team (REST) team at Park Royal which is a team working to support inpatients with dual diagnosis and upskill our inpatient staff in supporting service users with complex mental health needs and substance misuse.</p> <p>In addition, training programme that was implemented at the time of this review included recommendations from the NICE 2016 Coexisting severe mental illness and substance misuse: community health and social care services guidance, including Substance Misuse Interventions.</p> <p>Standards from the guidance are also picked up in Serious Mental Illness (SMI) physical health work.</p>	<p>NICE guidelines are assessed through the yearly National Clinical Audit of Psychosis (NCAP).</p> <p>Before 2020 oversight on this service by Commissioners was through the Integrated Governance Committee (IGC) and the Clinical Quality Review Group (CQRG). Moving into a Single Operating Model compliance was initially through the monthly Brent Quartet Executive and Delivery Governance but this is now through the Integrated Care Partnership Board.</p> <p>Further monitoring through the Integrated Care System (ICS) is in place via the System Oversight Meetings which are held every quarter with the Trust.</p>
4		<p>NWL CCG Response</p> <p>We had in place an assertive system wide community service provided through generic peer support that worked to a strengths model, recognising and building on service user's strengths and abilities and using creative models as well as involvement in their local communities to facilitate more social inclusion.</p> <p>Since this incident, there has been significant investment in mental health services as a result of the NHS Long-term plan and Mental Health Investment standards. This investment will continue to grow to improve services.</p> <p>We reviewed this provision to:</p> <ol style="list-style-type: none"> a) Identify at risk groups of individuals with mental illness and substance misuse locally b) design outreach support with skill sets that to support people who struggle with substance misuse c) respecified this provision to be more responsive and provide personalised management plans and activities to support the reduction of harmful substance use behaviours d) included advocacy support to connect service users with other services to help them manage their dependencies. e) included crisis intervention, emotional, practical and psycho-social support f) included support to services users to develop social skills g) included behaviour management support to maximise social inclusion and help individuals with coexisting severe mental illness and substance misuse integrate in their communities and to engage with relevant statutory and voluntary services 	<p>NWL Assistant Director of MHLDA, Head of MHLDA, NWL Clinical Lead for Mental Health Services, NHS Brent CCG Clinical Lead for Mental Health, Brent Mental Health Services Borough Director</p>	<ul style="list-style-type: none"> • This newly designed service was signed off by the Brent Quartet in February 2021 and implementation started on the 1st April 2021. • There is monthly monitoring of this service both in terms of qualitative and quantitative measures. • Systematic monitoring is on-going with a full service review planned for the end of the first year led by Healthwatch - March 2022. • The outcome from the review will inform any desired changes including any remodelling and respecifying based on identified needs and service users and carers experiences 	<ul style="list-style-type: none"> • The new Peer Support Service for mental health and substance misuse was signed off by the Brent Quartet in February 2021 with implementation from 1st April 2021 and provides increased peer support: navigators (PSNs), aligned to the Transformed Brent locality hubs to support, encourage and inspire individuals, delivering personalised, recovery-focused programmes of 1-1 intervention and community navigation to support sustainable mental health self-management. • The service provides purposeful pre- and post-discharge support to patients in Park Royal Centre for Mental Health and other acute settings, delivered by PSNs working alongside CNWL's Community Access Service team and *EACH support workers. • This is a comprehensive, approachable programme which also offers confidence-building volunteering opportunities and activities aligned to Brent's existing Social Prescribing service to ensure that there is co-ordinated, effective cross-referrals into and out of local services. Substance misuse outreach and support is provided by Substance Misuse Outreach Workers (SMOWs) integrated into Brent's Mental Health Service. • The SMOWs work with existing substance misuse organisations, primary and secondary care teams, Adult Services and local VCS around referrals, screening, assessment, psychosocial interventions, recovery planning and community navigation for this cohort of individuals. • The service also provides an engaging mental health wellbeing and recovery group-based programme incorporating opportunities for creative expression and healthy living alongside peer discussions and techniques for, e.g. managing anxiety, mindfulness, cultivating confidence and using motivational interviewing and coaching techniques to support service users to self-identify strengths and aspirations. Emotional and psycho-social support is provided through active listening and solution-focused approaches to work through individual needs and aspirations. <p>*EACH is the Ethnic Alcohol Counselling service in Hounslow.</p>	<p>The redesign of the Mental Health and Substance misuse Peer Support project was agreed and signed off by the Brent Quartet Executive and Delivery Governance. As we moved to a Single Operating Model this is now overseen by the Integrated Care Partnership Board which meets monthly.</p>
5	CNWL should provide assurance that the clinical risk assessment policy is applied consistently in community teams, and ensure there are systems in place to monitor its application.	The Trust will update the risk assessment policy and train staff in community teams on its application.	Brent Borough Director	Jan-20	<p>The Trust has developed training and this is delivered face to face or virtually. The Risk Assessment policy was updated and a quick reference guide developed and communicated trust wide.</p> <p>The Trust continues to support effective clinical risk assessment. The Risk Assessment Dashboard was developed to simplify the existing processes and was launched on the clinical records system, SystemOne, in September 2020 in conjunction with revised guidance and an e-learning package.</p> <p>The Trust-wide face to face virtual training has been delivered twice a month during the past 12 months and is advertised in the Trust weekly bulletin.</p> <p>Risk assessment training was delivered to the Brent team. The Early Intervention Service (EIS) also added training on risk assessments as part of the EIS development plan.</p>	<p>The Operational Board reviewed arrangements for effective risk assessment and management.</p> <p>The Early Intervention Service (EIS) currently monitors risk assessment/dashboards weekly and discuss in multidisciplinary team meetings.</p> <p>Before 2020 oversight on this service by Commissioners was through the Integrated Governance Committee (IGC) and the Clinical Quality Review Group (CQRG). Moving into a Single Operating Model compliance was initially through the monthly Brent Quartet Executive and Delivery Governance but this is now through the Integrated Care Partnership Board.</p> <p>Further monitoring through the Integrated Care System (ICS) is in place via the System Oversight Meetings which are held every quarter with the Trust.</p>

6	Commissioners of services (NHS NW London CCG and NHS East Berkshire CCG) must ensure that there are clear pathways for the diagnosis, medication prescription and management of ADHD in adults.	<p>There was a limited service in place and as a result, we worked with ADHD providers to redesign our ADHD pathway and ensure that referrals into the service are directly from GPs and local Clinicians. The newly designed service now provides rapid diagnosis and treatment for all ADHD referrals, including:</p> <p>Patient access on referral to electronic rating scales to support diagnosis;</p> <p>Diagnosis</p> <p>Prescription and titration</p> <p>Assessment of on-going needs for specialised online support services if preferred or indicated as more suitable;</p> <p>Liaison with local secondary and primary care mental health services;</p> <p>Shared care agreements with referring GPs for on-going care.</p> <p>Provision of expert support to primary care practitioners so that individuals with ADHD can be managed in primary care, rather than being referred to local secondary care mental health services;</p> <p>We increased the capacity and confidence of primary care practitioners in recognising and managing ADHD;</p> <p>Support and advise patients to enable them to take ownership of their treatment; and</p> <p>Support integrated care.</p>	NWL Assistant Director of MHLDA, Head of MHLDA, NWL Clinical Lead for Mental Health Services, NHS Brent CCG Clinical Lead for Mental Health, Brent Mental Health Services Borough Director	•On-going from April 2020 - interrupted by the pandemic and resumed in February 2021.	This service redesign is included in the 2021 Contract and Service Development Improvement Plan (SDIP) and on-going work to embed this within our primary and secondary care offer for individuals who require ADHD diagnosis and on-going support.	The Integrated Care Partnership Board has oversight of this provision which meets monthly.
		<p>East Berkshire</p> <p>Have a diagnostic pathway into Berkshire Healthcare Foundation Trust which includes prescription and titration.</p> <p>New updated shared care prescribing arrangements with GPs. This is a primary care based Locally Commissioned Service where once titrated by secondary care primary care will manage patient's prescribing and monitoring with fast track access back to secondary care.</p> <p>Complex patients retained by secondary but prescribing by primary care.</p> <p>Primary Care will not take patient back from external providers unless shared care protocols are adhered to.</p> <p>Work underway with secondary care to ensure we have improved capacity and managed waits for assessments.</p> <p>6 week post diagnostic course available - understanding ADHD</p>	Clinical lead for MH (CCG & BHFT)	This has been implement throughout 2021/22	The service redesign was undertaken by clinical leads for the CCG and BHFT and was discussed and approved at many different committee's including the Clinical Interface Committee.	The service will be monitored through regular contact with BHFT and in particular East Berkshire Service Forum
7	Where there is a question of capacity to consent to treatment, CNWL must ensure there is a structured process used to assess and record capacity, with action plans as appropriate.	The Trust will ensure there is a mechanism for assessing and recording capacity to consent.	Brent Borough Director	Jan-20	<p>Staff training has been aligned to the standardised way of recording capacity to consent. The induction training for Doctors includes capacity to consent to treatment, and includes how to complete a comprehensive capacity assessment in regards to treatment.</p> <p>The Mental Capacity Act E-learning module forms part of the Trust's mandatory training programme for frontline staff.</p> <p>Since the incident, the Trust has changed clinical record systems (from Jade to SystemOne) with a standardised way of recording capacity assessments now in use.</p> <p>There are newly developed capacity assessment forms and best interest strategy meeting templates for staff to use and complete where appropriate.</p> <p>Capacity and consent to treatment is part of the multidisciplinary template on SystemOne. Mental Capacity and Best Interest Assessments are recorded in patient notes and on relevant templates on SystemOne.</p> <p>The Trust has a lead for the Mental Capacity Act.</p>	<p>The Trust's Mental Health Act Law Group is chaired by a Non Executive Director and oversees the application of the Mental Health Act as well as the Mental Capacity Act.</p> <p>Clinical records are regularly audited and trust wide Mental Capacity Act Tableau reports are generated and reviewed.</p> <p>Senior staff have ability to run SystemOne reports that would identify gaps.</p> <p>Responsible Clinicians review admission clerking in to ensure approved clinicians responsible for the treatment of detained patients are aware of the requirement to document capacity and consent to treatment and outcomes of reviews.</p>