

Independent Investigation Action Plan for Mr N	STEIS Ref No: 2016/21991
--	--------------------------

Statement from West London NHS Trust
 We extend our deepest condolences to the family and friends of L for their sad loss. In the time since L's death we've tackled a number of issues to improve clinical practice in order to help avoid incidents like this one happening again. This includes our early intervention service that supports people in need of more specialist care at a younger age than was previously available. We will continue to work closely with other health, care and local authority sector agencies to make sure the recommendations made in the independent investigation are addressed and implemented.

Statement from North West London Clinical Commissioning Group (NWL CCG)
 North West London Clinical Commissioning Group (NWL CCG) offers our sincerest condolences to all those family members and friends affected by this case.
 NWL CCG works with West London Trust to seek assurance that the services they provide are safe, effective, caring and responsive. NWL CCG will seek assurance that the action plan is completed by the Trust through local meetings between the Trust and the CCG.
 The Trust will be required to provide a range of evidence to the CCG 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.
 NWL ICS will ensure that the regional recommendations are completed through partnership working with wider stakeholders.

Report published: February 2022

Rec No.	Organisation	Recommendation	Actions to Achieve Recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & Evaluation Arrangements
1	West London NHS Trust	The Trust must ensure that there is a clear system for ensuring that capacity assessments are completed and recorded where indicated	Ensure that a clear system of oversight of capacity assessments is in place	Trust Mental Health Act Lead	Completed	<ul style="list-style-type: none"> • COMPLETED. The Trust completed a comprehensive review of the M9 policy (Mental Capacity Act) and this was re-issued October 2021. The re-issued policy clearly outlines the system in place for ensuring accurate and timely capacity assessments are completed and recorded. • IN PLACE. Capacity assessments and their outcome are recorded at the time by the clinician or social worker as part of a specific Mental Capacity Act section within our Electronic Patient Records. • IN PLACE. Where an urgent or standard authorisation is made or sought under the Deprivation of Liberty Safeguards, all documentation including the outcome is held centrally by the Head of Mental Health Law, and reported to the Care Quality Commission. • IN PLACE. Where Mental Capacity Act is used for significant care or treatment of Trust service users/patients, these are reported to the Trust Mental Health Law Committee. • IN PLACE. All staff involved in direct clinical decisions relating to capacity assessments attend mandatory Mental Capacity Act training, with a focus on assessment and recording of capacity. This is supported by bespoke training sessions. • IN PLACE. The Trust has invested in a new full-time Trust-wide role (Mental Health Act Lead) to help deliver this recommendation. 	<ul style="list-style-type: none"> • The recording of capacity assessments is reviewed at Service Line Clinical Improvement Group meetings • Regular reports of capacity assessment adherence are provided to the Trust Clinical Governance Group and Mental Health Law Committee as part of the Trust Integrated Performance Reporting framework. • The Trust will assess system effectiveness as part of its Annual audit programme during 2022, for users who may transition to Mental Health Integrated Network Teams (where SystemOne is in use). • The mandatory training rate across the Trust for Mental Health Law and Mental Capacity Act, in October 2021 was 91% and 90% respectively. • The presence of a capacity assessment is audited through monthly Consent to Treatment audits, which report to the Directorate Clinical Improvement Group meetings and local Governance meeting. • The Trust Board receives an annual report on the fulfilment and review of capacity assessments, following monthly reviews by the Mental Health Law Committee.
2	West London NHS Trust	Child and Adolescent Mental Health Services (CAMHS) service must ensure that all patients under its care that are subject to Care Programme Approach have a named care coordinator.	Ensure that all CAMHS patients have a named care coordinator when subject to Care Programme Approach.	Clinical Director CAMHS	Completed	<ul style="list-style-type: none"> • COMPLETED. The Trust reviewed and strengthened its C2 policy (Care Programme Approach & Care Planning) and it was reissued as a working document in November 2021. The changes include that: <ol style="list-style-type: none"> a) named care coordinators are required, in order to address how concerns are to be escalated b) there are robust processes relating to safeguarding, and 7 day follow-up, that link with our clinical risk policy c) there are clear expectations for clinical supervision arrangements for care coordinators d) monitoring arrangements and local protocols (including 7 day follow-up procedure) are clear • IN PLACE. All allocated referrals in Child and Adolescent Mental Health Services have a Health Care Professional assigned to them. • IN PLACE. The Responsible Clinicians are responsible for ensuring effective Care Programme Approach processes are embedded into team acceptance and/or admission, review, and discharge arrangements in their respective teams in their service areas. • IN PLACE. The allocation of Care Co-ordinators and cover (due to sickness for example) principles and pathway is clearly outlined in the C2 policy and staff are expected to be fully compliant with this. • IN PLACE. All Care Programme Approach documentation across the Trust is recorded on electronic patient record systems, where used. 	<ul style="list-style-type: none"> • Performance regarding the number of reviews undertaken is reported monthly to the Trust Board and is monitored by the Senior Management Team . • The Trust assess the quality of Care Programme Approach and care planning practice, as part of its ongoing Annual audit programme during 2022, • The Trust considers and responds to external surveys that identify areas for consideration and these are reviewed and plans established to ensure continuous improvement. • Reports for new service users, reviews within 12 months (or more frequently depending on service) and compliance with 7 day follow-up are reported on a monthly basis via the Trust performance scorecard. • Dialogue+ is routinely used to monitor equivalent metrics required as part of the Care Programme Approach

Rec No.	Organisation	Recommendation	Actions to Achieve Recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & Evaluation Arrangements
3	West London NHS Trust	The Trust must revise the Early Intervention in Psychosis Zoning Policy to more clearly define the care and treatment that a patient in the 'red zone' can expect, to support a more assertive approach.	The Trust will review, revise and amend the Early Intervention in Psychosis policy to clearly define the care and treatment expected.	Clinical Director (Community and Recovery Mental Health Services)	Completed	<ul style="list-style-type: none"> COMPLETED. The Trust policy was reviewed and re-issued in May 2020. IN PLACE. The medical team will see clients sooner as an emergency review when they present in crisis, whether clients are identified as red, amber or green zone outside of stipulated treatment time. IN PLACE. Red Zone clients are reviewed outside of the 3 week medical review period thus responding to the client needs earlier, to mitigate against any potential risk. IN PLACE. Care Coordinators conduct face to face contacts with at least 3-4 clients per day and the Red Zone clients are managed with 3 attempted contacts in a week with one been face to face, which is reviewed at the weekly team meeting for MDT discussion and formulation of risk. IN PLACE. All discussions are documented in the Zoning Meeting spreadsheet and entered on the patient's electronic medical records. IN PLACE. All clients are under a MDT 8 week formulation assessment where a structured meeting is held with the MDT and the Clinical Summary Portal on RIO is updated in line with the findings. IN PLACE. Care Plans are reviewed and updated with the client and there is an assertive management approach of clients 	<ul style="list-style-type: none"> The adherence to the policy is reviewed annually and the result presented to the Trust Clinical Governance Group. Red Zone clients are reviewed at weekly team meetings for Multi Disciplinary Team discussion and formulation of risk. There are regular local audits to check both policy adherence and the expected support provided to clients. Weekly team meetings are held to ensure local actions are addressed
4	West London NHS Trust	The Trust should develop a performance matrix to monitor and improve compliance with the Trust Care Programme Approach policy, and this matrix must identify patients who have transferred between services and if a Care Programme Approach was completed.	The Trust will develop a performance matrix which identifies patients who have transferred between services and if CPA was completed.	Head of Knowledge Management	Dec-22	<p>UNDERWAY. The Trust recognises the importance and need for this, and work is underway to complete this action and ensure comprehensive reporting via a regular and enhanced performance matrix, containing reliable and valid data, with agreed targets.</p> <p>UNDERWAY. A substantial transition component is being implemented to reconcile and merge existing databases into new reporting formats and templates</p>	<ul style="list-style-type: none"> The Quality Committee is responsible for monitoring the quality and effectiveness of Care Programme Approach across the Trust and monitors the compliance of the policy implementation through its sub-committee structure. Service User Care Programme Approach Review (12 months, 7-day and 72 hr follow-up) is reported and provided monthly via the Trust Integrated Performance Report. Performance regarding the number of Care Programme Approach reviews undertaken was reported monthly to the Trust Board and was monitored by the Senior Management Team of each Clinical Service Unit. This has now been superseded by the Community Mental Health Framework reporting. Audits are conducted to address quality issues in Care Programme Approach and care planning practice and audit findings are discussed in the respective service's clinical governance and/or improvement group meetings and actions plans formulated, implemented and monitored by these groups/meetings. The Trust's service users and carer experience framework also ensures individual experiences are fed back to local service areas for action and themes reported to the Trust Board.
5	West London NHS Trust	The Trust must revise the current arrangements to ensure that missed depots are reported to the care coordinator within 48 hours and what plans need to be put in place to provide the missed depot.	5 and 6. To conduct a review of current depot arrangements and implement a robust process to ensure all patients, regardless of team will receive a depot, and where missed depots are reported.	Clinical Director (CAMHS)	Jul-22	<p>Although it is often the Care Coordinator who administers the Depot, the Trust recognises that further work is required to agree the process and associated actions if a patient misses administration. This includes circumstances where other agencies may be involved.</p> <ul style="list-style-type: none"> TO DO. Complete a review of current practice in different circumstances and services TO DO. Agree a robust process where interface challenges may arise in line with review of exiting policies (eg. Did Not Attend / Missed Appointment) IN PLACE. A specific CAMHS Lead role has been established IN PLACE. Early Intervention in Psychosis support is now extended to include young children. UNDERWAY. Embedding the Transitions protocol across all relevant services (IN PLACE across CAMHS services) 	<p>The Trust will assess the effectiveness of depot arrangements, as part of its Annual audit programme during 2022. Findings will be discussed in the respective service's clinical governance and/or improvement group meetings and reported to the Trust Clinical Governance Group.</p> <ul style="list-style-type: none"> A Transitions Dashboard allows services to monitor exceptions
6	West London NHS Trust	The Trust must ensure that there is a clear and transparent process in place that will support all patients to be provided with a depot, irrespective of the team providing care and treatment. These arrangements must identify the criteria for providing a depot in a patient's home.					
7	West London NHS Trust	Trust medicine management policies for long acting antipsychotic injections should provide guidance for their use in young people.	To ensure that guidance is provided for the use of long acting antipsychotic injections in young people.	Chief Pharmacist	Completed	<ul style="list-style-type: none"> IN PLACE. An internal Off Label Medications process (Reference A14P) is followed across the Trust and is monitored, as outlined in the Trust M2 policy (Medicines Management). IN PLACE. The Trust also uses the Maudsey Prescribing Guidance and guidelines issued by the Royal College of Psychiatrists. 	An annual review of Off Label Medications processes is presented at the Trust Medicines Optimisation Group and reported to the Trust Quality Committee.

Rec No.	Organisation	Recommendation	Actions to Achieve Recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & Evaluation Arrangements
8	West London NHS Trust	The Trust to review the approach that it takes to young people with established substance misuse issues and to develop a dual diagnosis approach to these patients.	To develop an agreed approach to the support and management of those with a dual diagnosis.	Chair (Comorbid Substance Misuse and Mental Health Committee)	Apr-22	<ul style="list-style-type: none"> COMPLETED. The Trust Policy D2 (Co-Existing Mental Health and Substance Use) was issued in August 2021. IN PLACE. The Trust is involved in partnership working with key charities (ARC, RISE, CGL and Turning Point). IN PLACE. Specialist workers are embedded into teams, and specialist training is provided throughout Local Services. IN PLACE. Internal training, including Clinical Risk training and Risk Assessment training both feature substance misuse in the syllabus, and staff are expected to complete this. IN PLACE. The National Dual Diagnosis Programme (National Mental Health Development Unit, Department of Health) have commissioned a group of consultant nurses (PROGRESS) and Coventry University to develop an innovative online awareness raising resource relating to people who have dual diagnosis. The Trust offers this an e-learning programme aimed at clinical staff. The compliance in Local Services for risk training is 81% (Sept '21) with a target of 90% by the end of March 2022. IN PLACE. Independent Reports published by NHSE and relating to dual diagnosis are used to inform learning as part of the Trust's Learning Events programme and Learning Framework. 	<ul style="list-style-type: none"> Case studies involving dual diagnosis will be used to evidence good practice (Youth Offending Team, Child and Adolescent Mental Health Services, Early Intervention Service). These will be presented to the Trust Comorbid Substance Misuse and Mental Health committee and Clinical Governance Group on an annual basis. An annual review will be presented to the Trust Comorbid Substance Misuse and Mental Health committee. Monthly monitoring of substance misuse training, as part of the Trust's Clinical Risk training. The performance in Local Services in September 2021 was 81% compliance.
9	West London NHS Trust	The Trust must provide assurance that all transitions between services for children and young people are completed in line with the NICE guidance on the Transition of Children and Young people.	To provide assurance that transitions involving children and young people between services, follow NICE guidance.	Clinical Director CAMHS	Completed	<ul style="list-style-type: none"> COMPLETED. A new transitions protocol was created and signed off by service line Directors in Local Services. This drives our patient-centred approach. IN PLACE. A Task and Finish Group has been set up to implement this new policy across services. COMPLETED. An audit was undertaken relating to compliance with the NICE guidelines, and actions are being used to inform the current 18-25 Mental Health Integrated Network Teams pathway development. UNDERWAY. The Trust has continued further work during 2021/22, and through Children and Young People's Transformation funds has focused on age specific services for those aged 16-25. 	<ul style="list-style-type: none"> An annual review of NICE guidance performance, in relation to transfers and discharges will be presented at the Trust Clinical Governance Group as part of the ongoing Annual Audit Plan. This audit will be underpinned by monthly reviews at Service Line Clinical Improvement Groups / Senior Management Teams Children and Young People service progress is monitored via the North West London Integrated Care System and Clinical Commissioning Group performance programmes
10	West London NHS Trust	Child and Adolescent Mental Health Services to review its approach to transferring patients and to benchmark itself against the NICE guidance on the Transition of Children and Young People, to use the findings to develop a robust patient centred approach to transfer and discharge.	The CAMHS service will benchmark itself against the relevant NICE guidance, and ensure a patient centred approach to transfers and discharges.	Clinical Director CAMHS	Completed	<ul style="list-style-type: none"> COMPLETED. A new transitions protocol was created and signed off by service line Directors in Local Services. This drives our patient-centred approach. IN PLACE. A Task and Finish Group has been set up to implement this new policy across services. COMPLETED. An audit was undertaken relating to compliance with the NICE guidelines, and actions are being used to inform the current 18-25 Mental Health Integrated Network Teams pathway development. UNDERWAY. The Trust is continuing further work during 2021/22, through Children and Young People's Transformation funds focusing on age specific services for those aged 16-25. 	<ul style="list-style-type: none"> An annual review of NICE guidance performance, in relation to transfers and discharges will be presented at the Trust Clinical Governance Group as part of the ongoing Annual Audit Plan. This audit will be underpinned by monthly reviews at Service Line Clinical Improvement Groups / Senior Management Teams
13	West London NHS Trust	The Trust should audit current risk assessments completed in CAMHS and EIP against the Clinical Risk Policy, and then develop a plan to improve performance and quality.	To conduct an audit as part of the Trust Annual Audit Programme, of risk assessments completed in Child and Adolescent Mental Health Services and Early Intervention in Psychosis, followed by an appropriate action plan to improve performance/quality where gaps exist.	Clinical Directors (CAMHS, CRMHS)	Jul-22	<ul style="list-style-type: none"> COMPLETED. Prior to the closure of the Wells Unit an Independent audit of risk assessments was completed in February 2020 and the recommendations were implemented. COMPLETED. The Trust reviewed the C27 policy (Mental Health Clinical Risk) and re-issued it in April 2021. IN PLACE. Audit of risk assessments is completed by senior psychologists within West London Forensic Services / Child and Adolescent Mental Health Services / Early Intervention in Psychosis. IN PLACE. Early Intervention in Psychosis now accepts care for those aged 14+ (and younger by discussion). IN PLACE. Risk information for Child and Adolescent Mental Health Services and Early Intervention in Psychosis patients is entered and viewed through the risk box in the Clinical Summary Portal on Electronic Patient Records. IN PLACE. A new risk assessment process started in September 2019, making the review process more streamlined, and when risk changes or needs to be reviewed, new forms are completed. UNDERWAY. Work is taking place to complete the development and improvement plans required by July 2022. 	<ul style="list-style-type: none"> The Trust will agree and present an annual review of risk assessments completed in CAMHS and EIP at the Trust Clinical Governance Group Quarterly reviews will be presented at Service Line Clinical Improvement Groups / Senior Management Teams. Compliance with the Trust C27(Mental Health Clinical Risk) policy is monitored through clinical audit and via reported compliance with mandatory training, clinical supervision and annual staff appraisals. The performance of inpatient risk assessments with 72 hrs of admission is recorded and reviewed monthly as part of the Trust Integrated Performance Report. An annual audit of Child and Adolescent Mental Health Services and Early Intervention in Psychosis risks that are recorded on the Clinical Summary Portal presented to the Trust Clinical Governance Group and Quality Committee

Rec No.	Organisation	Recommendation	Actions to Achieve Recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & Evaluation Arrangements
14	West London NHS Trust	The Trust must review its Care Programme Approach policy to ensure that where there are multiple agencies providing care and support to a patient the care plan identifies: The lead agency for communication between the agencies; Information and reporting channel; Reporting intervals; How urgent information will be effectively shared; Contingency plans for information sharing when staff are absent from work; Consideration of the application of Section 117 MHA were applicable.	Undertake a comprehensive review of the Trust Care Programme Approach policy to ensure the points identified in the recommendation are considered and addressed.	Director of Nursing and Patient Experience / Medical Director	Completed	<ul style="list-style-type: none"> • IN PLACE. All handovers between staff and care settings include verbal and written communication including information on medication, risk assessment, triggers, crisis management plan, service user needs and service user views. • IN PLACE. All details are recorded by the referring staff in the progress notes on Electronic Patient Records and confirmed (or in the paper record if applicable). • IN PLACE. The Care Programme Approach promotes effective liaison and communication between service users, carers and staff and agencies. • IN PLACE. Our approach reflects the requirements of the Care Act 2014 and also the guiding principles of the Mental Health Act Code of Practice (2015). • UNDERWAY. The Care Programme Approach is being discontinued for Community patients in line with new National Framework, and replaced with flexible Dialogue+ . The Trust is ensuring that noted changes and recommendations are reflected in the replacement policy. 	<ul style="list-style-type: none"> • An annual review of the Care Programme Approach will be undertaken and presented at the Trust Clinical Governance Group; supported by bi-annual audits at local level. • The learning from local and trust-level audits will be shared amongst staff, in line with the Trust Learning Framework. • Where multiple partners are involved in the care, a formal meeting to review the Care Programme Approach will be agreed between those partners that allows an annual review to be discussed and challenged.
16	West London NHS Trust	The Trust must ensure that the policy expectations regarding risks to family members are incorporated into risk assessment and care planning.	Review and ensure that policy expectations are incorporated into routine risk assessments and care planning.	Director of Nursing & Patient Experience / Corporate Deputy Director of Nursing	Completed	<ul style="list-style-type: none"> • COMPLETED. The trust has embedded the Triangle of Care and carers contribute to the collaborative care plans through Care Programme Approach meetings and contact with the clinical team. • COMPLETED. Collaborative care planning is embedded across West London Forensic Services. • IN PLACE. The relevant Trust Policies: C27 Mental Health Clinical Risk and C2 Care Programme Approach & Care Planning address this recommendation, make it clear what is expected from staff • IN PLACE. Plans of care engage the service user and where possible carers and others in considering how best to plan to maximise safety of both the service user and family/carers/members of the public. • IN PLACE. Plans of care/safety outline risk areas including risk to others. 	<ul style="list-style-type: none"> • An annual audit of risk assessments and care planning, in relation to policy expectations, will be presented at the Trust Clinical Governance Group; and this is supported by bi-annual audits at local level. • Triangle of Care data is shared with the Trust Quality Committee
17	West London NHS Trust / Local Authority / Integrated Care System	The Trust and Local Authority should complete a review of the current processes in place for identifying children and young people who maybe at vulnerable to child exploitation, county lines drug gangs or general involvement with gangs to ensure that these are in line with current national best practice and local expectations on exploitation.	Undertake a review of existing processes to ensure these follow national best practice	Directors of Safeguarding (West London NHS Trust / Local Authority)	Completed	<ul style="list-style-type: none"> • COMPLETED. The Trust policy C18 (Safeguarding Children) was reviewed and re-issued in January 2020. • IN PLACE. Where a child may need Early Help or referral to Children's' Social Care the Trust recommends that consideration should be given to the risk of exploitation and risk of being radicalised or exploited. • IN PLACE. A referral to Children's' Social Care is made when a child is at risk of / known to be a victim of criminal exploitation. • IN PLACE. The Trust safeguarding team are engaged in the Contextual Safeguarding Group with London Borough of Ealing. This is part of a pilot project led by University of Bedfordshire. This has provided the opportunity for the trust to develop a quarterly trust wide contextual safeguarding group facilitated by the Safeguarding Children Advisor and Practice Development Lead (Contextual Safeguarding Champion) and the Local Authority Contextual Safeguarding Team. • IN PLACE. The Trust is actively engaged in Local Authority groups related to child exploitation, county lines and gangs. • IN PLACE. The Local Authority maintains close links with colleagues in other authorities and receives support from the University of Bedfordshire. • IN PLACE. Practice is shared and agreed by the Safeguarding Partnership 	<ul style="list-style-type: none"> • Annual review of existing processes to ensure these continue to follow national best practice, with the results presented to the Trust Safeguarding Group, Community Safety Partnership and Safeguarding Partnership. The NW London Integrated Care System will also monitor performance.
18	West London NHS Trust	The Trust must ensure that all families caring for young people in inpatient services are offered access to a carers assessment.	Ensure that carers assessments are offered to all families caring for young people in inpatient services.	Clinical Director (CAMHS / Provider Collaborative Lead)	Jul-22	<ul style="list-style-type: none"> • COMPLETED. The Trust policy C2 (Care Programme Approach and Care Planning) was reviewed in February 2019 and re-issued in November 2021. • IN PLACE. Clinical teams identify and engage with carers as part of routine clinical practice where possible and offer support when identified in line with the Care Act 2014 requirements, and in line with the principles of the Triangle of Care. • IN PLACE. The Care Programme Approach sets out that the needs of the parent, the children and the family are assessed routinely at each stage of the care pathway. • IN PLACE. Carers are offered an assessment, assessed and provided with a separate care plan detailing required support with their full involvement where they lead the decisions with professional support and in line with the requirements of Care Act 2014 and Triangle of Care. • IN PLACE. The Trust expects staff to address the needs of parents and ensure that they and their children receive support. • IN PLACE. The needs of parents, children and the family are assessed routinely at each stage of the care pathway. 	<ul style="list-style-type: none"> • Local level audits will be undertaken annually by service lines, with the results presented to the Trust Clinical Governance Group and Quality Committee. • The Provider Collaborative monitors this through contract monitoring arrangements of agreed specifications

Rec No.	Organisation	Recommendation	Actions to Achieve Recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & Evaluation Arrangements
19	West London NHS Trust	The Trust should assure itself that the perspective of families is included in care planning, and appropriate cultural awareness is applied when communicating with families.	To ensure that families are included in care planning, whilst considering all necessary cultural and social sensitivities and beliefs	Medical Director / Director of Nursing and Patient Experience	Completed	<ul style="list-style-type: none"> COMPLETED. The Trust policy C2 (Care Programme Approach and Care Planning) was reviewed and re-issued in November 2021, to address this. IN PLACE. Services ensure appropriate information sensitive to race, culture, ethnic origin, gender, asylum and refugee status is available to all service users, and carers/family. IN PLACE. Services provide the opportunity to discuss information and choices with their Care Co-ordinator/RC or other members of the team. IN PLACE. The Trust Service User and Carer Experience sub committee meet monthly and Community and Recovery Mental Health Services/MINT updates, Acute Mental Health Services updates (including work on Safe Havens) and Trust Wide Forum/We Coproduce are standing items. IN PLACE. Information is available in a range of languages and accessible formats. IN PLACE. The Trust has a comprehensive Accessible Information Standards policy. IN PLACE. There are learning courses for staff including comprehensive Equality and Diversity training. The compliance rate for Equality and Diversity training across the Trust is 92% (Oct '21). IN PLACE. The Trust Head of Diversity is responsible for providing advice, developing strategy, promoting, and monitoring the overall implementation of diversity and equality within the Trust. 	<ul style="list-style-type: none"> The Accessible Information Standards working group will provide monthly updates to the Trust Clinical Governance Group. An annual audit of family involvement in care planning is presented at the Trust Clinical Governance Group.
20	West London NHS Trust	The Trust must provide assurance that appropriate accommodation is addressed in all patients' care planning at the point of discharge from out of area Child and Adolescent Mental Health Services forensic admissions.	To provide assurance that appropriate accommodation is addressed in patient's care, based on the Trust Transitions protocol already in place	Clinical Director (CAMHS Provider Collaborative)	Completed	<ul style="list-style-type: none"> COMPLETED. The Trust policy C2 (Care Programme Approach and Care Planning) was reviewed and re-issued in November 2021. IN PLACE. All individuals supported through Care Programme Approach receive a comprehensive mental health assessment, covering health and social care needs, including consideration of appropriate accommodation needs. COMPLETED. The discharge destination is the responsibility of the discharging provider (as a Trust we no longer provide Child and Adolescent Mental Health Services inpatient services), but we ensure that the adequacy of the accommodation is monitored through our ongoing engagement with the client (Care Programme Approach approach/policy) and we highlight any risks with the responsible bodies (Clinical Governance Group and Local Authority) for resolution. 	<ul style="list-style-type: none"> A review of the suitability of accommodation in a patient's care will be presented to the Trust Clinical Governance Group annually. Monthly review at Service Line Clinical Improvement Groups / Senior Management Teams An annual presentation and review of the effectiveness of the transitions protocol will be presented to the Trust Quality Committee as part of the Deep Dive programme delivered by service lines. The Trust has identified 'transitions of care' as one of its Quality Priorities for the years 2021 to 2023, and these are reviewed and progress monitored at the Trust Clinical Governance Group on a bi-annual basis.
21	West London NHS Trust	The Trust must ensure that there are effective processes in place for working with the Local Authority to meet the accommodation needs of young people with mental health problems.	To agree a safe and effective protocol with the Local Authority, that supports young people in meeting their accommodation needs	Executive Director (Local Services)	Completed	<p>The Trust recognises the critical importance that this takes in the care of young people, and acknowledges that further work is required between the agencies.</p> <ul style="list-style-type: none"> IN PLACE. Where a panel application in support of a proposed care plan is to be made to the Local Authority, it is accompanied by a thorough and comprehensive Care Assessment in accordance with the current Care Act processes in each borough. IN PLACE. When planning for discharge clinicians consider the requirements of Chapter 33 of the Code of Practice, which deals with aftercare provisions. IN PLACE. Where a Tribunal or hospital managers' hearing has been arranged for a service user who might be entitled to after-care under s117 of the Act, the hospital managers ensure that the relevant Clinical Governance Group and local authority have been informed. IN PLACE. The Trust has strong s75 (local commissioning arrangements) partnership arrangements with our 3 Local Authorities, which provide a forum for escalation and discussion of these issues at Partnership Boards in all three boroughs. IN PLACE. Practice is shared and agreed by the Safeguarding Partnership 	<ul style="list-style-type: none"> The effectiveness of s75 agreement will be monitored by the Safeguarding Partnership. A formal protocol to ensure effective processes between agencies will be developed and agreed by the Trust and Local Authority, as part of local Mental Health transformation plans

Rec No.	Organisation	Recommendation	Actions to Achieve Recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & Evaluation Arrangements
22	West London NHS Trust	The Trust to review its existing management of investigations against the requirements of the NHS England Serious Incident Framework, and develop and implement a methodology for the management investigations that meets the requirements of the NHS England Serious Incident Framework.	Conduct a review of the Trust's management of investigations and compliance with the NHS England SI Framework, and adopt a robust process to address any gaps identified. This should include elements of Duty of Candour, quality of SI reviews, strength of recommendations and performance of completions.	Head of Patient Safety & Clinical Effectiveness	Completed	<ul style="list-style-type: none"> PARTIALLY COMPLETED. The Trust policy 18 (Incident Reporting Management) was reviewed, strengthened and re-issued in January 2020; however, due to Covid-19 pandemic the Trust recognises that further time is required to embed the processes in full. IN PLACE. The performance of Trust investigations is reviewed monthly at Clinical Service Unit level, as part of the Clinical Improvement Groups or Senior Management Teams. IN PLACE. Performance of incident reviews is reviewed by the Trust Clinical Governance Group and Quality Committee on a quarterly basis. IN PLACE. The monthly Trust Patient Safety Group (PSG) has been established, coordinates regular reviews of the quality of investigations and provides recommendations to be actioned by Trust Service Lines. COMPLETED. An internal audit of Serious Incident reporting and review processes was conducted by RSM Risk Assurance Services LLP in January/February 2021 and found that the Trust had a robust and appropriate process for declaring, investigating and learning from serious incidents. Key Findings from the audit have been used to direct further work. COMPLETED. An independent review of learning from Trust incidents was undertaken in October 2017 and this has formed the basis of improvement work that has taken place across the Trust. 	<ul style="list-style-type: none"> Six-monthly performance review reports are provided to the Trust Clinical Governance Group, which are also reviewed by the Trust Quality Committee, and discussed at the Trust Board meetings. Quarterly reports and updates will be provided to the NW London Provider Oversight Meetings An annual audit of the Trust Learning Framework outputs will be conducted and reported to the Trust Clinical Governance Group Continued local audit programmes will be implemented to review service line and Trust performance and quality of investigations. This will be supported by internal audits by RSM Risk Assurance Services LLP. Quarterly multi-agency meetings will be undertaken as part of the Patient Safety Group programme of work, to review both the performance and quality of submitted Serious Incident Reviews. Members of these meetings will include external partners (CCG, Patient Safety Partners and other health providers). The Trust has appointed three Patient Safety Specialists and is on track to adopt, align and embed the National Patient Safety Incident Response Framework (PSIRF) when it is launched.
23	NWL CCG	The North West London Collaborative of CCGs should revise the CWHHE Serious Incident Operational Policy (November 2016) against the requirements of the NHS England SIF to ensure that it meets with national policy and guidance with regard to the monitoring of action plans. It should also be explicit about the criteria that must be met before an incident can be closed on StEIS.	The CCG has reviewed the North West London CCG Serious Incident Reporting Policy and Procedure and has ensured that it reflects the NHSE Serious Incident Framework(SIF) around the monitoring of action plans. The revised policy reflects the NHSE SIF on the criteria that must be met before an incident can be closed on StEIS (Transfer of Strategic Executive Information System).	Head of Quality and Patient Safety	30.06.2021	The updated NWL CCG Serious Incident Report Policy(June 2021) has been approved by the Quality and Performance Committee (NWL CCG) in June 2021	The Serious Incident Group at NWL CCG meets weekly. All mental health homicide serious incidents are reviewed at this group to ensure that all the criteria has been met before it is closed on StEIS.
Regional Rec 1	NWL ICS	The North West London Integrated Care System to seek assurance that all planning for care leavers discharged from mental health in-patient services formally involves the relevant local authority. Furthermore, to seek assurance that the application of s117 Mental Health Act has been considered for patients who have been detained under section 3 MHA.	The ICS to formalise a process to identify all Looked After Children (u18) or Care Leavers (18-25) on admission to mental health inpatient services, so that Local Authorities are actively involved in discharge plans and that the application of s117 Mental Health Act has been considered for patients who have been detained under section 3 MHA.	NWL ICS Mental Health Lead and NWL ICS representative for Directors of Children's Services.	30.06.2022	<p>Process signed off by all relevant Stakeholders including:</p> <ul style="list-style-type: none"> Borough Leads Local authority MH trusts 	Monthly NWL ICS Mental Health, LD & Autism Board & Six-weekly NWL ICS Maternity, Children & YP Boards (feeding into the monthly ICS Partnership Board)
Regional Rec 2	NWL ICS	The North West Integrated Care System should seek assurance that an understanding of the risks to vulnerable young people of 'county lines', and gang related threats is embedded in all services and systems dealing with the mental health of young people. This will help to ensure there are no opportunities for misperception and that vulnerable young people with serious mental health and substance misuse problems receive appropriate and timely services that meet their needs.	<p>The ICS to scope across the 8 boroughs multiagency meetings currently in place to identify risks to vulnerable people of 'county lines' and gang related threats in services and systems dealing with the mental health of young people.</p> <p>ICS to produce a plan to address the gaps identified through the scoping exercise.</p> <p>Work with multi-agency partners to agree training and awareness sessions about gangs. This should be overseen by Safer Partnership Boards in each borough, and reflected in safeguarding training organised through Safeguarding Adults Boards, and Safeguarding Children Partnerships in each borough.</p>	NWL ICS Safeguarding Lead and NWL ICS representative for Directors of Children's Services.	<p>30.06.2022</p> <p>31.10.2022</p> <p>31.10.2022</p>	<p>Each Borough to discuss at Local Safer Partnership Board</p> <p>NWL ICS Plan in place to address gaps identified</p> <p>NWL ICS Training plan in place</p>	Quarterly Borough Safer Partnership and Six weekly NWL ICS Maternity, Children & YP Boards (feeding into the monthly ICS Partnership Board)
National Rec	NHSE/I	NHS England & NHS Improvement should work with NICE to consider including in existing guidance information about the prescribing of injectable antipsychotics for the treatment of psychosis in under 18s.	NHS England will liaise with NICE to consider if the inclusion of injectable antipsychotics for the treatment of psychosis in under 18s should be added to next iteration of NICE guidelines	National Clinical Director for Mental Health	Mar-22	Correspondence from NHS England to NICE	Independent Investigation Governance Committee (National)