

Statement from Southleigh Community Hospital

Southleigh Community Hospital offers its deepest condolences and sympathies to the family of Mr C. We commissioned a number of reviews and independent investigations into the incident and an independent review was commissioned by the NHS. We have responded and actioned recommendations made to us. The actions we have taken have been reviewed independently by NHSE and Southleigh Community Hospital has been inspected by the Care Quality Commission who awarded "Goods" in all domains and an "Outstanding" for care. We trust that the internal changes as well as the external reviews of our service offer the assurance of our responsiveness to lessons learnt from this tragic case.

Statement from London Borough of Croydon

The London Borough of Croydon and The Croydon Safeguarding Adults Board offers sincere condolences to the family and friends of Mr C. In accordance with the Care Act, the council has supported arrangements for the Croydon Safeguarding Adults Board to commission this Safeguarding Adults Review, jointly with the review commissioned by NHS England. We fully accept the findings of the review, have developed actions to address the recommendations and the implementation will be monitored by the senior management team.

Statement from Wandsworth CCG (now South West London CCG)

South West London CCG was formed on 1 April 2020 through the merger of the six borough CCGs covering Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth. The CCG manages local healthcare budgets and commission a range of health services on behalf of our residents including mental health and learning disability services.

The CCG would like to offer our deepest condolences to all those who were affected by this tragedy.

As the CCG, we will bring together partners to review the multi-agency management of conditionally discharged forensic patients. Existing groups that bring together the main agencies will implement and monitor delivery of an action plan that is measurable and realistic. We will endeavour to build improvements into the system that will support all our providers to deliver a good quality service to our patients.

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Rec No.	Organisation	Recommendation	Actions to achieve recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring and Evaluation Arrangements
Recommendation 1	Southleigh Community Hospital	1a) To undertake a review using a methodology such as 'Quality Improvement' to ensure that the vision, purpose and day to day operation of the hospital and flats is integrated and well understood by all who work there, in particular ward-based nurses, this should include: - <ul style="list-style-type: none"> • Dynamic risk assessment • Patient confidentiality and its limitations • Accurate record keeping • Patient engagement skills • Physical, Procedural and Relational Security • The management and support of patients who are self-medicating 	To address the recommendation the following actions have been undertaken: <ol style="list-style-type: none"> 1. Review of the operational policy which is now inclusive of a clear system and process for semi-independent flats. 2. Review of induction pack and inclusion of the revised operational policy. 3. Review of flat contract– all patients must sign a contract before moving to a semi-independent flat, to improve service users' compliance and to minimise risks. 4. Review of Dynamic Risk Assessments through mandatory training and inhouse training to reinforce New Red Amber Green (RAG) system and Positive Behaviour (PBS) plan. 5. Patient confidentiality and its limitations to be reinforced as part of staff induction and mandatory training . 6. Audits of clinical records keeping on quarterly basis. 7. All staff to be confident in service users' engagement skills and the important part this plays in service user recovery. 8. All staff to be trained on Physical, Procedural and Relational Security as part of the regular training programme delivered by the hospital. 9. To reinforce self-medicating management as part of the contract with patient. To carry out monthly self-medicating care/contract review. 	Hospital Director (HD) HD and Deputy HD HD Occupational Therapist HD Deputy HD	All actions implemented in August 2021 and are ongoing	<ol style="list-style-type: none"> 1. Revised operation policy. 2. Revised induction pack; staff attendance training records and monthly HR audits. 3. Revised flat contracts signed by all service users. 4. New RAG system implemented, inclusive of Daily Handover Meetings and Daily Action Plans. Changes in risk are communicated and involve MDT input. Random checks at semi-independent flats conducted by staff 3x per week and recorded. 5. In addition to staff induction and mandatory training, additional bespoke training in place to raise awareness of communication with external parties and through staff bi-monthly supervision. 6. The last quarterly audit (Oct-Nov 2021) showed an improvement on the quality of clinical records. 7. Staff attendance records of revised Engagement Skills Training Programme. Our target is for all Support Workers and RMNs to be trained by April 2022. From the previous year, the incident rate was reduced due to improved patient engagement. 8. Staff attendance records – Our target is for all Support Workers and RMNs to be trained by April 2022. Random room/flat searches are reinforced in our practice. 9. Self-medicating patients are managed and supported through a policy four-stage process which ensures the capacity, plan and monitoring are clearly documented. And through monthly medication audits. 	Monitoring of all actions is through Corporate Governance Meetings (monthly) And Trust Board meeting when applicable.

		<p>b) Organisationally, to support this InMind should review the staffing levels, induction and implementation of training to provide an assurance framework that the above is delivered.</p>	<p>To review staffing levels.</p> <p>Induction and Implementation of training addressed as per recommendation 1a)</p>	HD	February 2022	<p>An analysis was completed to compare staffing levels with similar hospital services and staffing levels were increased accordingly.</p> <p>The Southleigh Community Hospital is now having the appropriate staffing levels.</p>	
Recommendation 2	Croydon Council	<p>Multi-agency working communication - A time limited multi-agency working group of senior officers is established including:</p> <ul style="list-style-type: none"> - The private hospital groups (SMT) - SWL&StG - Wansworth Local Authority - Police - South West London (previously Wandsworth) CCG - Croydon Council <p>To undertake a review led by Croydon Council to ensure that all agencies interact and communicate effectively to support mental health patients living in private hospital services (and other similar services) in the patch. This should include: -</p> <ul style="list-style-type: none"> - Familiarisation with the community hospital services - Lines of communication for safeguarding concerns - Review of existing or, if necessary, development of information sharing policies - Supporting timely step down for patients into community services 	<p>Since 2016 there have been significant changes across the Croydon Safeguarding partnership that have been overseen by the Croydon Safeguarding Adults Board (CSAB). These improvements have led to better communication across the safeguarding system and are reflected in the updates below. It is to be noted that cross cutting issues are now shared through Groups co-ordinated by LondonADASS (Association of Directors of Adult Social Services) -such groups include: SAB chairs (the Croydon SAB Chair is CO-chair); SAB Board Managers and Safeguarding leads (LSAN).</p> <p>The Draft Report was reviewed by the Safeguarding Adult Review (SAR) Group who felt given the on-going activity that the recommendation was being addressed without a time limited group. However, this would be kept under review and future SAR authors / panels would be sited on this Review.</p> <p>Current Position</p> <p>Full Review of Safeguarding Model in the Local Authority</p> <p>a) In 2017 The LA undertook an extensive independent practice audit – whereby a team of expert independent safeguarding practitioners audited a large number of case files/ interviewed practitioners in the LA and across the partnership. As part of this work there was a focus on multi-agency communication. It is to be noted that Croydon has an integrated model of social care in Mental Health with South London and Maudsley NHS Foundation Trust (SLAM). As part of this work cases from Mental Health were included</p> <p>b) New 'hybrid system in place' – The Local Authority has in place a team of experienced social workers which lead on S42 Enquires.</p> <p>c) There is in place a live tracking system of safeguarding concerns. This acts to prevent drift in cases and reports from the Police (Merlins). This supported</p> <ul style="list-style-type: none"> •by a weekly report •daily meeting between S42 and intake / front door team •safeguarding consultation – supports practitioners across partnership •weekly reports escalated to heads of service •There is a clear process for sharing Merlins with Mental Health <p>Since 2017 As part of the changes to safeguarding – there have been significant changes to the way in which the Intake / Front door team operate (Croydon Adults Support). There is closer links with the Police: tracking processes for Merlins (see above). A key initiative which impacts on this review is that within the service there is a specialist Mental Health worker – who also supports the screening of Merlins</p> <p>d) Quality Assurance across LA & CSAB</p> <ul style="list-style-type: none"> •On-going audits of safeguarding work •Dashboard of indicators around safeguarding performance •Commissioning monitoring - framework – Commissioning and safeguarding partnership – focuses on a preventative approach to provider challenges – •Intelligence Sharing sub group (CSAB) <p>This is key to preventative work. It involves all key Agencies including LA/NHS/CQC/Met Police / SLAM) and identifies through shared intelligence which Providers (including hospitals to focus on). An outline plan is agreed which is implemented outside the sub group and is reviewed by the sub group going forward. It maps our providers where there are issues across Croydon</p> <ul style="list-style-type: none"> •Multi Agency Audits led by the CSAB 	CSAB Croydon Council - ASC - Head of adult safeguarding - CSAB chair	<p>2017 -onwards</p> <p>2019</p> <p>On-going since 2018 when dashboard was reviewed</p>	<p>New safeguarding process in place which is audited and tracked regularly. Feedback is given to CSAB on 3 monthly basis</p> <p>Reports shared with CSAB and new system in place which will be audited again next year. In its monitoring of the safeguarding CSAB has had regular reports and examines progress through quarterly reports / dashboards</p> <p>In respect to Mental Health there was an audit of safeguarding work in 2019 which identified improvement across safeguarding practice in Croydon part of SLA.</p> <p>Outcomes of enquiries audited – with a focus on Making Safeguarding Personal. MSP – indicators part of CSAB performance dashboard</p> <p>These actions directly address those challenges in the report in respect to delays in responding to Merlins. A weekly update is presented to Senior Management Team (SMT) of activity in respect to safeguarding concerns / Merlins / S42 Enquiries</p> <p>There is in place a more robust system for managing referrals from the Police and other Agencies. The service at the 'front door' is more integrated and has a specialist mental health worker and homeless worker. Evidence of this is a recent major practice audit of safeguarding concerns / at risk contacts. The outcome was that in the vast majority of cases work was progressed in a timely manner.</p> <p>Outcomes of practice audits shared with CSAB – evidence in minutes</p> <p>Analysis at CSAB Performance & QA - presented to full CSAB on a quarterly basis</p> <p>Provider Concerns reported to CSAB</p> <p>Minutes of Committee and feedback to full CSAB give evidence of this working</p> <p>Audit Programme has focused on a number of areas – self neglect, MCA, Dementia – all have a key focus on working relationships between Agencies / Practitioners</p>	<p>This monitored through the CSAB – full meeting / Performance and QA Group</p> <p>Adult Social Care SMT</p> <p>CSAB/ ASC SMT</p> <p>Adult Safeguarding Unit/SMT</p> <p>Adult Safeguarding Unit/SMT</p> <p>CSAB/ SLAM / Adult Safeguarding Unit, Croydon Council.</p> <p>CSAB</p> <p>CSAB</p>

		e)Monthly Safeguarding Governance meeting between Adult Social Care & SLAM/Mental Health – this looks at issues of communication / S117 / safeguarding activity / outcomes of SARs		Monthly meeting minuted with action plan	-Minutes of meeting this Report will be going to the this Governance meeting again once it is published	
		f)Safeguarding Adults Review (SARS) <ul style="list-style-type: none"> •Two recent SARs have focused on the interrelationship between the SLAM / MH services and the safeguarding system / issues of communication •The Madelaine case focussed on a young woman with a range of life challenges who was placed in Croydon by the LB of Wandsworth. •Learning event CH focussed on many of the issues identified by Mr X Review – and evidenced improvements – particularly in the communication between SLAM/ ASC / Police <p>CSAB SAR Sub Group met to discuss Mr X report, this Sub Group is chaired by Heath and vice chair from SLAM which includes the CSAB lay member. Group was of the view that the nature of the recommendations had been addressed by previous initiatives many of them noted in this document.</p> <p>The Group felt another SAR involving Wandsworth was to be started and that this SAR should ensure that the issues identified in MR X – in respect to CSAB were addressed in this SAR</p>	CSAB	Review Completed and action plans being developed.	Duncan and Madeline SAR Action plans which focus on the communication and sharing of information between Agencies Madeline - Wandsworth were the placing Authority Safeguarding Adult Reviews - Croydon SAB: - https://www.croydonsab.co.uk/about-us/safeguarding-adult-reviews/ 7-min-briefing-for-CH-Final.pdf (croydonsab.co.uk): - https://www.croydonsab.co.uk/wp-content/uploads/2022/03/7-min-briefing-for-CH-Final.pdf This identified new protocols / processes between MH and the Police which were now felt to be working well – see briefing for evidence SAR group will Review once report is published Issues to be addressed in SARs going forward	CSAB to monitor action plans SAR Action Plans CSAB - to monitor actions identified SAR Group meet bi-monthly, all meetings minuted and are shared with CSAB Independent Chair.
		g)Learning and Development <p>Programme of Multi- Agency SAR 'bite size training' focusing on a range of issues which includes communication between Agencies</p> <p>Programme of Multi- Agency training in place, Safeguarding has helped to improve links between professionals</p> <p>Range of other courses – Domestic Violence / Self Neglect / Safeguarding Law / Professional Curiosity</p> <p>Mental Capacity Training across CSAB member agencies</p>	CSAB - CSAB Chair	All on-going and will or have been delivered through the year.	A range of sessions - now operate remotely which gives people feedback Multi-Agency practice audits have begun to show this.	CSAB Training & Improvement Group monitor impact of all Safeguarding training across CSAB. Adult Safeguarding Unit and CSAB.
		Next Steps <p>In discussion with the Corporate Director (DASS - Director of Adult Social Care) and Director of Operations the following next steps have been agreed</p> <ul style="list-style-type: none"> a)On publication the Report to be reviewed by ASC SMT and the Directorate Management Team. b)Discussions with SLAM and Commissioners at senior level as to whether the recommendations need further action on. c)Discussions with CCG at Senior Level to ensure actions are in place across the partnership. d)Discussions at SAR Group – see above e)S75 Agreement being reviewed – ensure the learning from Mr X case is embedded in the discussions going forward 	Croydon Council / SLAM / CSAB - Head of MH/ Head of Adult Safeguarding / Chair CSAB	In the next 3 months (May - July 2022) 3 months 3 months on-going	Mintues of meeting / action log	Croydon Council - ASC SLAM - ASC CSAB ASC - Commissioning / DASS

<p>Recommendation 3</p>	<p>South West London CCG</p>	<p>The panel recommend an inter-agency approach facilitated by Wandsworth CCG with representation from all agencies is held with a view to supporting individuals such as Mr X</p>	<p>(Please note: Wandsworth CCG became part of a merged South West London CCG in 2020).</p> <p>Together, with our multi- agency partners (including as a minimum SWLSTG, South London Partnership, Richmond & Wandsworth Borough Council, SLAM NHS Foundation Trust and Croydon Local Authority) SW London CCG will develop a quality improvement programme that encompasses:</p> <ol style="list-style-type: none"> 1. An agreed protocol for interagency working within the legal framework for conditionally discharged forensic patients. <p>To aid protocol development SWLSTG will lead in production of a Process Flow document which will seek to ensure that protocol provides clarity on:</p> <ol style="list-style-type: none"> a. expectations for responsible clinician, social supervisor, and care coordination for such patients. b. arrangements for risk management and information sharing. c. arrangements to mitigate any barriers to joint working d. arrangements for effective liaison and joint working with primary care and registered GP. <ol style="list-style-type: none"> 2. An agreed plan for implementation and review of the protocol, including appropriate governance arrangements for ongoing oversight. 3. Engage with South London Partnership (SLP) to ensure that protocol is appropriately embedded in complex care placement commissioning arrangements. 	<p>Director of Mental Health Transformation</p>	<ol style="list-style-type: none"> 1.SLP engagement – April 2022 2.Agreed Protocol – June 2022 3.Implementation Plan – July 2022 	<ol style="list-style-type: none"> 1. -Process flow document produced. - Protocol agreed and in place. 2. - Implementation Plan agreed across stakeholders. - Action plan considered as part of ongoing functional review of the CCG/ICS - Agreed leads (by job role) confirmed from each organisation (CCG/ICS and SWLSTG) 3.Agreement in place on future use of the SW London Strategic Operational Interface Meeting for information sharing and risk management. 	<p>Monitoring and evaluation to be led by the ICS Quality function.</p> <p>(Due diligence is being undertaken to ascertain ICS arrangements for monitoring of action plans for serious incidents and final arrangements will be confirmed on the conclusion of this CCG/ICS transition work).</p>
<p>Actions undertaken and delivered prior to agreement of this Action Plan</p> <ul style="list-style-type: none"> •Wandsworth CCG, and from the end of 2018 Kingston and Richmond CCG, have monitored actions undertaken by SWLSTG and Southleigh Hospital since the incident occurred, and those from the internal and external investigation recommendations, via the Serious Incident Review Group. •The SWL CCG Serious Incident Review Group is held monthly with the purpose of reviewing incidents, monitoring actions, recognising and drawing out themes and supporting learning to enable safer patient care. The group and its records are a repository of learning and shared knowledge. <p>The group is made up of specialist clinical and safety staff from the trust, the CCG and where appropriate outside organisations or patient representatives. There are records held of regular review of the progress against actions for this case and evidence is held supporting completion.</p> <ul style="list-style-type: none"> •Through the SLP Forensic Provider Collaborative, the SLP assumed responsibility from NHSE for commissioning Medium and Low Secure inpatient units, and some community forensic teams, in October 2020. The SLP took responsibility for the oversight of STEIS in October 2021. •The SLP Complex Care Programme took on responsibility for 100% Health Funded placements from November 2020 which includes some people stepping down from forensic services. However South West London CCG retains its commissioning responsibility for investigating Serious Incidents in these placements. The role of SLP is to work with Providers to ensure the service user is safe and the correct contractual process for reporting the SI is followed, learning is shared, and mitigation plans are in place to prevent similar incidences. •The SLP ensures that all patients placed in private inpatient units such as Southleigh are reviewed a minimum of twice per year (every six months) by an allocated Clinical Assessor from the SLP Clinical Assessment Team (Complex Care) and this can be increased wherever there is an identified need to warrant this. Additional reviews would be undertaken should concerns be raised by the provider to us as commissioners of the placement. •Reviews include input from the patient, Provider, family/carers and Care Coordinator (this would be from CMHT's or Forensic Outreach Service) and social care colleagues when relevant. Any issues with engagement from community teams would be escalated to the Trust lead to take up with senior management to ensure the community team are engaged. •The Strategic Operational Interface Meeting (SOIM) has been developed with key strategic representative from SWL LAs, SWLSTG and SWL CCGs. A key output from the group is the sign off of a SWL Memorandum of Understanding between all the LA's and SWLSTG which includes the interfaces for care coordinator and social work. 							