

**Independent Investigation Action Plan for Mr Y**

STEIS Ref No: 2019/368 (WEB 81802)

**South London and Maudsley NHS Foundation Trust**

"We would like to offer our deepest condolences and to the family and friends of the victim of this tragic case. The Trust has learned from the findings made in the investigation and together with the authors of the report, we have developed recommendations to improve the quality of the services we provide. We remain committed to ensuring that people in our services receive cohesive person-centred care, particularly in cases where the delivery of care can be challenging. Since the incident, we have been making substantial and significant changes to improve how we provide and organise this care, by transforming the way our community forensic services are organised. This includes putting in place multi-disciplinary team structures which can better support care planning, proactive risk management and enables teams to review and reflect on their decisions. Once again we would like to share our heartfelt sympathies to the victim's family".

**Statement from NHS South East London**

"NHS South East London agrees with the findings and supports the recommendations made in this independent investigation report. We are committed to ensuring that the learning from this case is fully implemented to ensure that proactive and systematic approaches across teams and organisations are embedded to underpin the care and treatment of people with complex mental health needs who present serious risk. We will monitor delivery of the action plan set out by South London and the Maudsley NHS Foundation Trust through our quality processes, working collaboratively with other partner organisations involved. We extend our sympathies to the family and friends of the victim in this distressing case."

Report published: October 2022

Rec No.	Recommendation	Actions to achieve recommendation	Implementati on Lead	Implementation by when	Evidence of Completion	Monitoring & evaluation arrangements	
	The trust to develop a stable, cohesive, well-led and nurturing multi-disciplinary team within Lambeth Community Forensic Team, addressing three areas: Staffing profile Performance and Cultural Ethos	Staffing Profile	Recruit Band 7 Advanced Practitioner (Aim: improve service systems, structures, staff supervision, support, caseload management)	Clinical Service Lead	01/08/2022 and ongoing	The Lambeth Community Forensic Team Band 7 Advanced Practitioner has been in post from 1/8/22. The service has seen an improvement in the quality and number of supervision sessions with a 100% compliance of team supervision in June 2022. The Advanced Practitioner also facilitates complex caseload discussion with ongoing assurance provided with clinical audits. In addition the Advanced Practitioner has oversight of the induction of new starters in the team.	Monthly Improvement and Quality and Performance Meeting evidencing monthly supervision compliance. The Community Transformation Programme minutes will evidence case load management and team establishment.
		Staffing Profile	Recruit two Band 6 Registered Mental Health Nurses as Care Coordinators (Aim: Increase care coordinators within the team, reduce caseloads and support the duty management rota)	Clinical Service Lead	01/09/2022	Whilst substantive posts are being recruited into, two additional locum staff are now in post to reduce caseload numbers. The caseload review aim is to achieve a reduction case load of 20 per clinician to enable face to face contact. Audits of zoning and face to face contact (in accordance to the Teams protocols) are completed by the Advanced Practitioner. Robust systems are in place to ensure continuity of care coordination led by morning planning meetings, daily review of zoning and allocation of daily duty tasks.	Monthly Performance and Quality Metrics and Community Transformation Programme
		Staffing Profile	National challenges to nursing recruitment documented in the Directorates risk register with mitigations including; Trust Volume recruitment, allocated Human Resources support and monitoring of vacancies and evaluation of reasons for leaving.	Clinical Service Lead/General Manager	01/12/2022	Recruitment into substantive posts. All recruitment options discussed with Human Resources which include, secondment opportunities, Band 5 nurse development and staff rotation. Ongoing review of Care Coordinators case load sizes with the aim of a reduction to 20 service users.	Monthly vacancy rate monitoring in Improvement Quality and Performance meetings
		Staffing Profile	Monthly reflective practice facilitated by psychologist (Aim: all members of the MDT to have documented reflective practice including discussion of complex clinical presentations)	Psychology	01/06/2022 and ongoing	Documentation and monitoring of monthly multi disciplinary team reflective group attendance. This dedicated space focuses on the discussion of complex cases, treatment reviews and mutual support. All escalations are to be immediately escalated to senior managers for support and resolution.	Quarterly review of reflective session feedback and attendance

Staffing Profile	Ensure Team members receive 1:1 supervision and annual appraisal (Aim to ensure that all staff from the MDT have monthly supervision and have timely support for complex clinical presentations)	Team Leader	Ongoing	Trust appraisal and supervision data recorded on Trust system (LEAP) The team has been at 100% compliance for supervision since June 2022 with all staff having had an appraisal monitored by the new General Manager position. Staff supervision providing a dedicated space for the early identification of risk as well as being a supportive space to problem solve and escalate when necessary.	Annual directorate compliance reported to Trust Board and monitored through Team Leader supervision
Staff Profile	Mobilisation of transformation plan (Review of MDT establishment to include Psychiatry Medics, Psychology, Occupational Therapy and Support Time & Recovery Worker)	General Manager	01/08/2022 and ongoing	Recruitment to additional MDT positions post establishment review to reflect Transformation aims. Appropriately resourced team will improve patient safety, quality of care, staff satisfaction/wellbeing, improving patient outcomes, recruitment and retention.	Monthly Community Transformation Meeting to monitor Community
Staffing Profile	Undertake skills mix audit of staff (Aim: to ensure that the MDT has the right staff/skills to provide clinical care to complex forensic patients)	Advanced Practitioner	01/10/2022 and ongoing	Completed gap analysis and action plan, included in Community Transformation programme to reflect staffing requirements for the service.	Monthly Community Transformation Meeting
Staffing Profile	Tailored team training developed from training needs analysis (Aim to ensure that all staff in the MDT team has the skills in line with their job description)	Advanced Practitioner	01/11/2022	Completion of training action plan and staff professional development plan. Training and development needs discussed in appraisal and monitored in supervision. Desired outcome of training plan measured by key Patient Safety outcomes such as complaints, incidents, patient satisfaction and staff recruitment and retention. August Mandatory training compliance within the Lambeth Community Forensic Team for August was 89.34% with the Trust target of 85% factoring in staff sickness and long term leave.	Monthly Community Transformation Meeting
Performance	Monitoring of KPI compliance in Care Plans, Risk Assessments, CPAs, 1;1 contact with patient, Zoning (clinical system where a caseload of patients is assessed is assessed into zones according to levels of support they need) and Conditional Discharge reports, (Aim to ensure that the team is compliant with Key Performance Indicators)	SLT/General Manager	Ongoing	Compliance monitored by Team and Directorate Improvement and Quality and Performance Meetings. General Manager in post to ensure compliance and assurance.	Monthly PQI local meetings and monthly meetings with team leaders to ensure compliance and shared learning
Performance	Monitoring of HCR20 risk assessment compliance (Aim to ensure that ongoing risk events are documented with risk formulations in place)	SLT/General Manager/Advanced Practitioner	Ongoing	Quarterly audit of HCR20 and risk events completion with additional training provided should there be any gaps in quality.	Monthly Forensic Operational Meeting
Performance	Reduce Care Coordinator caseloads to 20 (Aim to ensure that all Care Coordinators have a caseload allocation that enables staff to safely manage the care and treatment required for each patient)	General Manager	10/01/2022	Reduction of Care Coordinator case load size to 20. Case load audits including assurance of face to face appointments as per patient zoning requirements. Increased supervision and complex case discussion to safely manage patient care and treatment.	Monthly Supervision - Caseload reviews and monitoring if incidents, complaints and patient feedback
Performance	Daily planning/zoning meetings (Aim: To ensure patients receiving the correct interventions and discussion and planning of complex clinical presentations)	Team Leader/Advanced Practitioner	Ongoing	Daily team meeting to plan and discuss complex patients and zoning and staff concerns and a debrief meeting at the end of the day. Team meeting minutes. Example of zoning template. Copy of FCMHT Ops Policy highlight section on Zoning.	Monthly staff supervision documented on LEAP (Trust supervision system) and Tendable (previously known as Perfect Ward) action plan
Cultural Ethos	Team Development Day (Aim To ensure that MDT staff are supported to achieve Key Performance Indicators and aims of the service and to implement Community Transformation plans with staff involvement)	General Manager/SLAM Partners	01/12/22 and ongoing	Advanced Practitioner to provide induction for new staff, including Key Performance Indicators. Team Development Day to include discussion of Key Performance Indicators.	Monthly Team Meetings and monitoring of Community Transformation Action Plan
Cultural Ethos	Complete Tenable audits (previously know as Perfect Ward audits) for Clinical Safety, Staff experience, Patient experience, Physical Health and Environment (Aim to ensure that the team are compliant with the schedule of audits and quality oversight of action plans)	Team Leader	Ongoing	Compliance in completing Tendable audits, evidence of action plans and quality oversight by matron.	Monthly Trust and Directorate monitoring in Improvement and Quality Performance meeting

Cultural Ethos	Relocation of Team from Lambeth Hospital to Marina House in the Maudsley Hospital Site (Aim to ensure that staff have offices that are fit for purpose and staff are located in a modern offices with enough space to meet the teams needs, this will have a positive effect on staff well being and recruitment and retention)	SLT/General Manager	01/04/2023	Team relocation planned for 2023 and staff satisfaction to be monitored in staff supervision. Staff retention rates and staff survey responses to evidence improvements following relocation.	Team relocation
Evaluation	External review of action plan undertaken by Oxleas NHS Foundation Trust (Aim to review, monitor and evaluate team progress against the action plan)	Oxleas Staff/General Manager	01/04/2023	Oxleas NHS Foundation Trust to review action plan compliance and assurance including staff engagement and feedback in relation to action plan assurance.	Monthly review in Business Meeting as a standing agenda item, Business Meeting minutes. Oxleas NHS Foundation Trust report of action plan implementation.