Mersey Care **NHS**
NHS Trust

ACTION PLAN PRODUCED IN RESPONSE TO THE INDEPENDENT REVIEW INTO THE CARE AND TREATMENT OF Ms C/Mr B

STEIS 2012/7633

Incident Date: 27/02/2012

Action Plan for Recommendations by Verita relating to Ms C

RECOMMENDATION	Actions Required	Progress	Timescale/ Responsible Lead	Outcomes

Ms C
 	
1. The Trust should provide assurance that the re-organisation of services and the systematic changes being made deliver the required service improvements, with a specific focus on handover of care, risk assessment and management and CPA
	• Implement the revised CPA Policy – A project commenced in August 2014 and is due for completion in March 2015 which reports to the Executive Committee addressing issues with CPA and implementing the new Policy.
	
	• The review remit is:
	   o Review and Audit Documentation / Processes
	   o Engage Service Users and Staff
	   o Design New Documentation / Processes
		• CPA Policy ratified 28/10/14 – work on-going with monthly updates to Exec Committee
		
		• A pilot has been completed for new Core and Multi Disciplinary Team Assessment documentation across 6 Trust Teams for a PDSA cycle of 1
			Last Transition Date for Pilot Scheme 28 Feb 15
			<u>Head of Quality and Risk</u>
			
			Complete
			<u>Head of Quality and Risk</u>
				For a new CPA Policy to be fully implemented which highlights the needs to focus on handing over care and risk assessment
				
				For a system to be in place which monitors adherence to frameworks set within the CPA Policy and Procedure

		▪ Improve efficiency
		▪ More effective
		▪ Aid transition to new clinical information system. (Rio)
			month each, which has demonstrated time and financial savings and increased satisfaction from the staff completing the new assessments.
			
			• Further pilots are underway for:
			  ○ Risk Assessment
			  ○ Community Care Plans
			
			• And pilots are planned for:
			  ○ CPA Review
			  ○ Statement of Care
			  ○ Acute Care Plan
			  ○ Discharge Summary
				
				Jan 15
				
				Jan15
				<u>Head of Quality and Risk</u>
				
				Feb 15
				Feb 15
				
				Feb 15
				
				Feb 15
				<u>Head of Quality and Risk</u>	

	• Develop key performance indicators for handover of care, risk assessment and CPA based on the above. • Ensure the audits of handover	• Initial work has been undertaken to develop a set of draft indicators • Programme specifics	Jan 15 <u>Head of Quality and Risk</u> Jan 15	

	of care, risk assessment and CPA are built into the divisional audit programme	are being agreed.	Head of Quality and Risk	
	• Local Division Governance Committee to monitor performance in these areas and address under performance	• Local Division governance arrangements in place	Complete and on-going Chief Operating Officer for Local Division	On-going identification of issues and assurances of remedial actions taken by services
	• Any deficits will be fed into the local and corporate weekly Surveillance Meeting which in turn reports to the Trust Board	• Surveillance structure is in place	Complete and on-going Director of Patient Safety	
2. The Trust should assure itself that there is a robust and consistent process in place to ensure that ad hoc outpatient appointments are made.	A Standard Operating Procedure (SOP) will be implemented ensuring that if an ad hoc appointment is made for a service user, a clinical decision is made during that appointment and an outcome agreed in that a further appointment will be offered within an agreed timescale. The service user before leaving the department informs the receptionist of the decision, if the next scheduled appointment is after a six week period the pending appointment system will apply, if the appointment is for less than a six week period the receptionist will offer the service user the appointment and if all clinics are fully booked will inform	• Standard Operating Procedure (SOP) will be implemented • Stepped up Care was initially implemented in some areas this year and will be rolled out across the services during 2015 with the aim of ensuring that all clients in acute services who require enhanced care can achieve it equitably	Feb 15 Strategic Project Manager – Local Division Jan 2015 Adult Mental Health Service Manager	Standard Operating Procedure (SOP) will be implemented and reviews of it's effectiveness undertaken.

| | the medical secretary who will liaise with the medic to arrange an alternative appointment.

The receptionist will also at the end of the working day check all clinical outcomes to ensure they are recorded on the ePex system and all actions dealt with.

The local division must also ensure that the new Recovery and Wellbeing Centre's can facilitate 'urgent' OPA's for known services users – linked into a stepped up care approach. | and in a timely manner

• A review will commence in January 2015 to assess if the outcomes set have been achieved.

• A project will be undertaken with the Trust's Information Department to identify how access to ad-hoc appointments can be collated

• An audit will be undertaken in 2015 to assess the availability of ad-hoc appointments once a data collection process has been identified | April 2015
Adult Mental Health Service Manager

April 2015
Adult Mental Health Service Manager

April 2015
Adult Mental Health Service Manager | |

Action Plan for Recommendations by Verita relating to Mr B

RECOMMENDATION	Actions Required	Progress	Timescale/ Responsible Lead	Outcomes

Mr B
 	
1. The Trust should provide assurance that the re-organisation of services and the systematic changes being made deliver the required service improvements, with a specific focus on risk assessment and management and CPA
	• Implement the revised CPA Policy – A project commenced in August 2014 and is due for completion in March 2015 which reports to the Executive Committee addressing issues with CPA and implementing the new Policy.
	
	• The review remit is:
	  o Review and Audit Documentation / Processes
	  o Engage Service Users and Staff
	  o Design New Documentation / Processes
	    ▪ Improve efficiency
	    ▪ More effective
	    ▪ Aid transition
		• CPA Policy ratified 28/10/14 – work on-going with monthly updates to Exec Committee
		
		• A pilot has been completed for new Core and Multi Disciplinary Team Assessment documentation across 6 Trust Teams for a PDSA cycle of 1 month each, which has demonstrated time and financial savings and increased satisfaction from the staff completing the
			Last Transition Date for Pilot Scheme 28 Feb 15
			<u>Head of Quality and Risk</u>
			
			Complete
			<u>Head of Quality and Risk</u>
				For a new CPA Policy to be fully implemented which highlights the needs to focus on handing over care and risk assessment

		to new clinical information system. (Rio)	new assessments.
			
			• Further pilots are underway for:
			   o Risk Assessment
			   o Community Care Plans
			
			• And pilots are planned for:
			   o CPA Review
			   o Statement of Care
			   o Acute Care Plan
			   o Discharge Summary
				Jan 15
				
				Jan15
				<u>Head of Quality and Risk</u>
				
				Feb 15
				Feb 15
				
				Feb 15
				
				Feb 15
				<u>Head of Quality and Risk</u>
					For a system to be in place which monitors adherence to frameworks set within the CPA Policy and Procedure

	• Develop key performance indicators for handover of care, risk assessment and CPA based on the above. • Ensure the audits of handover of care, risk assessment and CPA are built into the divisional audit programme		• Initial work has been undertaken to develop a set of draft indicators • Programme specifics are being agreed.	Jan 15 <u>Head of Quality and Risk</u> Jan 15 <u>Head of Quality and Risk</u>	

	• Local Division Governance Committee to monitor performance in these areas and address under performance • Any deficits will be fed into the local and corporate weekly Surveillance Meeting which in turn reports to the Trust Board	• Local Division governance arrangements in place • Surveillance structure is in place	Complete and on-going Chief Operating Officer for Local Division Complete and on-going Director of Patient Safety	On-going identification of issues and assurances of remedial actions taken by services
2. The Trust should take steps to ensure that, if service users have a forensic history, a comprehensive list of his or her criminal convictions and cautions is available in the clinical records and a process is in place to update this when circumstances	Staff will be reminded of the use of the Management of Police Information (MOPI) process which is the current system in place for managing the use of forensic information relating to Service Users receiving care.	The Trust has a long standing process called MOPI, management of police information which has been agreed by Merseyside Police. It allows practitioners to contact the Police via the Partner Agency Consort Team (PACT) to access data protected information and police intelligence (convictions/ intelligence held) on any Mersey Care service user. The process involves a clinician or practitioner	On-going and complete Criminal Justice Liaison Team Manager	Quality Practice Alert will be distributed to staff regarding the use of MOPI via the Patient Safety Team. Responses/actions for this are monitored by the Patient Safety Committee.

change.		contacted us and submitting a formal request. The Criminal Justice Liaison Team (CJLT) then complete a police template, and send to the police asking for the information. It has to remain properly stored in a secure place with restricted access but it is then shared with the person who requests it for the purpose of risk assessment and on going risk management. It is can be used to determine if the person/ service user is a MAPPA eligible which in turn generates referrals to the Merseyside MAPPA manager. It is also used to support the need for HRAMM (Policy SD15). On average several are processed per week, all are kept for audit purposes. If there is a change in circumstances that increases risk or if a risk is seen to be escalating then a request can be made to the Police to release current		

		data but sufficient reason is required.		