

STANDARD ACTION PLAN

PLAN LOCATION/TEAM: Stockton EIP

PLAN DEVELOPED BY: HOS/LM/SDM

DATE PLAN AGREED: 28/7/17

NO.	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE FOR ACTION COMPLETION	EVIDENCE (TO BE RETAINED BY ACTION OWNER)	PROGRESS UPDATE
1	To develop an agreed set of local policies and procedures to be regularly reviewed by key strategic partners in line with the November 2016 NICE guidance on coexisting severe mental illness and substance misuse: community health and social care services	TEWV to have a Dual Diagnosis Policy which incorporates NICE Guideline (NICE coexisting severe mental illness and substance misuse)	A baseline assessment has been completed against the NICE guidance with an associated plan of work to enhance practice.	AMH Service Development Group	Completed	NG58 Action plan. doc	Completed
			Trustwide Dual Diagnosis Lead appointed.	TEWV	Completed		Completed
			A Rapid Improvement Workshop is scheduled to take place in Stockton	Head of Service/ Clinical Director Tees AMH	Event 4 th September 2017 30, 60, 90 day report out to measure		Completed



	Locality. This		impacts		
	will focus upon				
	the clinical				
	pathway for				
	patients across				
	different				
	provider				
	organisations.				
	This will be				
	attended by				
	Drug/Alcohol				
	Provider,				
	Service				
	Users/Carers/				
	TEWV/				
	Social Care/				
	CCG/Public				
	Health/				
	GP				
				PDF	
				~	
				Dual Diagnosis -	
	Current Policy	AMH Service	31 st March	Policy for the Care ar	
	review date	Development	2018		
	has been	Group			
	extended. The	•			
	Policy review				
	will incorporate				
	findings and				
	actions				
	associated with				
	NG58				



			assessment and action plan above To develop a Dual Diagnosis Training Clip	AMH Service Development Group	31 st October 2017	Completed
2	To review the EIP operational policy to set out agreed methods and expectations around multidisciplinary working, to ensure that senior medical staff are involved appropriately in discussions about patients where staff have concerns, and at least annually, where patients are receiving	For EIP service to have access to Medical staff to discuss patients as required.	Daily huddles are in place within the EIP team. The need for medical input is identified via this clinical meeting.	Locality Manager/ Team Manager	Complete	Completed
	antipsychotic medication.		The EIP Operational policy is encompassed in the Model Line pathway. There is a planned Trustwide review of the Model Line Pathway in	AMH SDG / Psychosis Sub-Group	November 2017	Completed



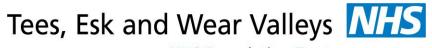
			November which will reinforce the requirements in relation to medical input for patients in receipt of antipsychotic medication			
3	Review the TEWV EIP job plans to ensure consistent medical input to the team.	For EIP service to have access to consistent Medical staff to discuss patients as required.	The EIP team has dedicated medical input via a nominated Consultant and an Associate Specialist which has been job planned.	Clinical Director/Head of Service AMH	Complete	Completed
			Additional funds have been made available via CCG's to recruit additional	Clinical Director	December 2017	Action on track for completion date



			medical capacity (0.5 w.t.e) to Tees EIP services			
4	Develop a schedule of audit for crisis plans and take action as required so that they meet the CPA policy standard.	Crisis plans reflect CPA Policy requirements.	Team to undertake audit on planned cycle basis of CPA.	Clinical Audit/ Service Development Manager AMH	31 st December 2017	Action on track for completion date
			Stockton EIP are a Pilot site in Trustwide Recovery Project. Experts by Experience are involved in auditing the co-production / quality of care and crisis plans through contact with current patients and Families — audit recommendatio	Team Manager / Recovery Lead	31 st October 2017	Completed by Recovery Team, July 2017



			ns will be acted				
			upon				
5	To review the Trust CPA policy to ensure that overdue depot medication is communicated effectively in referral procedures and correspondence eg. by phone.	All service transfers to include communication of appropriate clinical details	CPA policy to reflect procedure for information to be shared in transfer of CPA to another service.	Trustwide CPA Lead	October 2017 – already covered in original policy	CPA Policy	Completed
			Audit of Transfers to ensure adherence to Policy	Team Manager	January 2018		Action on track for completion date
6	For TEWV to ensure that any referral made to an external or internal service indicates clearly the level of urgency.	To ensure patients referred to other services have clinical contact within an appropriate timescale	Audit of Referral documentation to ensure the timescale within which the patient will require clinical contact is clearly defined	Team Manager	October 2017	External/ internal referrals to other services are monitored via daily huddle process.	Completed
			CPA policy to be updated to	CPA Policy Lead	March 2018 (policy		Action on track for



		reflect this requirement	currently under review)	completion date