



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)	<p>A baseline assessment has been completed against the NICE guidance with an associated plan of work to enhance practice.</p> <p>Trustwide Dual Diagnosis Lead appointed.</p> <p>A Rapid Improvement Workshop is scheduled to take place in Stockton</p>	<p>AMH Service Development Group</p> <p>TEWV</p> <p>Head of Service/ Clinical Director Tees AMH</p>	<p>Completed</p> <p>Completed</p> <p>Event 4th September 2017 30, 60, 90 day report out to measure</p>	 NG58 Action plan.doc	<p>Completed</p> <p>Completed</p> <p>Completed</p>

			<p>Locality. This 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</p>		<p>impacts</p>		
			<p>Current Policy review date has been extended. The Policy review will incorporate findings and actions associated with NG58</p>	<p>AMH Service Development Group</p>	<p>31st March 2018</p>	 <p>Dual Diagnosis - Policy for the Care ar</p>	

			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 antipsychotic medication.	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
			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 anti-psychotic 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. Additional funds have been made available via CCG's to recruit additional	Clinical Director/Head of Service AMH Clinical Director	Complete December 2017		Completed 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.	<p>Team to undertake audit on planned cycle basis of CPA.</p> <p>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</p>	<p>Clinical Audit/ Service Development Manager AMH</p> <p>Team Manager / Recovery Lead</p>	<p>31st December 2017</p> <p>31st October 2017</p>		<p>Action on track for completion date</p> <p>Completed by Recovery Team, July 2017</p>

			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. Audit of Transfers to ensure adherence to Policy	Trustwide CPA Lead Team Manager	October 2017 – already covered in original policy January 2018	 CPA Policy	Completed 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 CPA policy to be updated to	Team Manager CPA Policy Lead	October 2017 March 2018 (policy	External/ internal referrals to other services are monitored via daily huddle process.	Completed Action on track for

			reflect this requirement		currently under review)		completion date
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