

ACTION PLAN FROM NHS ENGLAND INQUIRY REPORT -2009/3245 - JANUARY 2014

NO.	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE FOR ACTION COMPLETION	EVIDENCE (TO BE RETAINED BY ACTION OWNER)	PROGRESS UPDATE
1	The multiplicity of projects and organisational change taking place at that time was identified as contributing to the incident in that it impacted on community practitioner's workload and their efficacy. The inquiry recognised the Trust had introduced a project management framework to address this issue.	1.1 That the Trust has in place a process to identify potential impact on practitioners' workload and efficacy from organisational change.	1.1 To review the Project Management Framework and Quality Impact Analysis introduced following the 2009/3245 incident to include impact on practitioner workload and efficacy in the Project Management Framework/Quality Impact Analysis process.	Director of Planning and Performance	Q1 2014/15	1.1 Copy of the revised Project Management/Quality Impact Analysis process.	
	The inquiry recommends the Trust also introduce a workload monitoring system for use with community practitioners during organisational change.	1.2 That community clinical workload is monitored during the periods of organisational change that have the potential to impact on community practitioners' workload and efficacy.	1.2 To agree the workload monitoring arrangements and implement with community practitioners as part of the plan when indicated from QIA outcomes.	Chief Operating Officer	Ongoing from July 2014	1.2 Project plans and change plans describe the arrangements for workload monitoring and a completed implementation plan.	
2	It was noted that the patient was transferred between a number of consultants during his engagement with services and the inquiry recommends a standardised transfer process and care summary document.	2. That the Trust has implemented a standardised transfer process including a a summary of care when patients are transferred between care co-ordinators or consultants.	2. To develop and ratify a standard clinical transfer process for use in the care co-ordination processes .	Chief Operating Officer / CPA Project Manager	Q1 2014/14	2. - Standard work process description for case transfer. -Date of EMT ratification.	

3	<p>The information sharing between the Trust and 3rd sector organisations, that were involved with the patient, was seen as not effective as it could be. The inquiry recommends a review of information sharing agreements (ISA) and development of ISA with partner agencies.</p>	<p>3.1 That the Trust holds a contemporary register of ISAs with review dates with registration and review processes in place..</p> <p>3.2 That the Trust ISA register includes agreements with all current partner agencies.</p>	<p>3.1 To develop and implement ISA registration and review processes and establish an ISA register.</p> <p>3.2 To establish a process to check the ISA register for all current partner agencies and agree where new ISA or review of ISA required</p>	<p>Director of Nursing and Governance / Head of Records Management</p>		<p>3.1/3.2 -ISA register -Standard work process description for ISA registration -Standard work process description for ISA review</p>	<p>A workstream has been established by the Head of Records Management to review existing ISAs and establish processes.</p>
4	<p>The patient had been known to MAPPAs but systems failure had led to him being discharged from MAPPAs, reducing the public protection element of his case management. Although the Trust has reviewed the MAPPAs systems, processes and training the inquiry was not satisfied this review and redesign has been robust or comprehensive enough.</p> <p>The Trust is recommended to further develop a standalone MAPPAs training and development strategy – to include an internal MAPPAs register/ system.</p>	<p>4.1 That the Trust has a framework to identify the Trust staff roles and functions in the MAPPAs processes and sets standards for the training and development of staff.</p> <p>4.2 That the Trust has an internal register that identifies open cases that are registered with MAPPAs</p>	<p>4.1 To develop and implement a framework for internal MAPPAs processes.</p> <p>4.2 To establish standard processes to identify referral/registration with MAPPAs</p>	<p>Director of Nursing and Governance/ Head of Safeguarding Adults</p>	Q2 2014/15	<p>4.1 -MAPPAs framework document - MAPPAs training plan and compliance data</p>	
5	<p>The inquiry recognised that the implementation of the Trust clinical risk management model was central to this case –particularly the management and communication of historic risk which was not as effective as could be.</p> <p>The inquiry recommends the review</p>	<p>5. That the Trust clinical risk management model and policy has been reviewed and redesigned.</p>	<p>5. To review the Clinical Risk Assessment and Management (CRAM) Policy and implementation processes.</p>	<p>Director of Nursing and Governance/ Head of Patient Safety and Risk</p>	Q2 2014/15	<p>5. -Revised CRAM policy - Implementation plan.</p>	<p>The work has commenced with identification of principles of a new clinical risk model.</p>

	and improvement of the clinical risk management strategy.						
6	<p>The inquiry identified the ongoing difficulties with the ratification and implementation of an interagency Section 117 aftercare policy by the Trust and the partner agencies.</p> <p>The inquiry recommends that the Trust implements a ratified Section 117 aftercare policy.</p>	6. That the Trust has implemented a ratified inter-agency Section 117 policy.	6. To agree an overarching Section 117 policy framework and local procedures for the seven partner Local Authorities with implementation plan.	Director of Nursing and Governance/ Head of MH Legislation	Q1 2014/15	6. -Ratified Section 117 Policy and Procedures . - Implementation plan	A section 117 policy and procedures is drafted and interagency group established for implementation .
7	<p>The inquiry identified poor compliance with the Trust CPA systems and processes and the care co-ordinator role.</p> <p>The inquiry recommends that the Trust reviews CPA policy and process to improve compliance.</p>	7. That the Trust has reviewed the CPA systems and processes and has an implementation plan in place to improve policy compliance.	7. To review the interagency CPA policy and processes and develop a project plan and implementation plan for the revised CPA processes.	Chief Operating Officer/ CPA Project Manager	Q2 2014/15	7. -Project plan for implementation of CPA review - Implementation plan for the new processes.	2008 CPA policy has been reviewed and project established to develop new policy, documentation and training.
8	The inquiry identified poor compliance with the Trust Clinical Risk Management systems and recommends the Trust improves governance systems to monitor policy compliance.	8. That the Trust has an improved policy compliance monitoring process in place as part of the governance systems.	8. To develop and implement a policy compliance monitoring process	Director of Finance and Information/ Policy Redesign Project Manager.	Q1 2014/15	8. -Standard work process description for the policy compliance monitoring system. - Implementation plan	Policy redesign project in place.
9	The inquiry recommends the Trust review dissemination systems for learning lessons.	That the Trust has a standard system for the dissemination of lessons learned.	To include a standard system for lessons dissemination in the new Learning Lessons processes	Director of Nursing and Governance/ Learning Lessons Project Manager	Q2 2014/15	-Standard work process description for Learning Lessons dissemination	Learning lessons project in place.