



Progress made by CWP on the recommendations from the internal investigation report into the care and treatment of Mr A

Recommendation	Actions	Implementation by:	Target date for completion and progress of action	Further progress as of January 2013	Further progress as of October 2013	Further progress as of February 2014
The role and responsibilities of the duty worker should be understood by all members of the Community Mental Health Team (CMHT).	All CMHT workers will be presented with a flow chart for this purpose as part of supervision. Team managers to undertake an audit of referrals to determine whether they have followed the correct pathway.	General Managers Community Mental Health Team Clinical Network	Jul 2011 Initial action completed 19/04/2011	The Trust is in the process of redesigning CMHT and the care pathways. Having clear roles and responsibilities outlined is a key part of the transitional process. There is a robust impact assessment, evaluation and monitoring process put in place as part of the service redesign, which will report to the Board of Directors.	Community Service Improvement Programme (CSIP) review of quality impact following implementation (May to July 2013) presented and approved to public Board of Directors on 25 September 2013. A further report covering a more longitudinal period twelve months post the CSIP implementation has been agreed. A verbal update in relation to the impact of the service redesign is provided by service and clinical directors of each locality to the monthly Operational Board as a standing agenda item.	An additional six month evaluation is scheduled to be presented to the April 2014 meeting of the Board of Directors and subsequent meeting of the Council of Governors, specifically evaluating service user, carer and staff feedback.
The agreed template for outpatient clinic letters should be used by all medical staff to ensure that all areas are explored and	An audit of outpatient clinic letters to be undertaken. Individual's performance that	Clinical Director for Adult Mental Health Clinical Service Unit	Dec 2011 Initial action completed 08/02/2012	This has been identified as a re-audit and therefore continues to be part of the clinical audit programme. Re-	A re-audit of the use of the agreed template has been completed for CWP East. The re-audit of clinic letters for CWP West and Wirral	Re-audit was presented to December 2013 meeting of the Trust's Patient Safety & Effectiveness Sub

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communicated to GPs and others involved in the care.	falls short of the expected standards will be addressed via supervision.			audit is in progress and will also review quality of content as well as the use of the agreed template.	is scheduled to begin in November 2013. A meeting to discuss and plan the next re-audit has been arranged for 06/11/2013. A consultant clinical lead has been recruited to advise on reviewing the quality of the content of the clinic letters.	Committee. Actions have been identified to ensure continuous improvement. This includes the development of local mechanisms to discuss gaps with doctor/s involved through their appraisals, and the electronic acute pathway having the discharge letters as part of the pathway which will improve the letters, ensuring they are in the correct format.
All CMHTs and Local Authority Community Teams should establish mechanisms for providing feedback following a referral to either organisation/ service.	Team managers to meet with Local Authority team managers to establish the agreed forms of communication. Undertake an audit of case files that have involvement from both agencies to check that this has been embedded in practice.	Community Mental Health Team Clinical Network Team Managers	April 2011 Initial action completed 17/05/2011	The Trust is in the process of redesigning CMHT and the care pathways. Having clear roles and responsibilities outlined is a key part of the transitional process. There is a robust impact assessment, evaluation and monitoring process put in place as part of	Community Service Improvement Programme (CSIP) review of quality impact following implementation (May to July 2013) presented and approved to public Board of Directors on 25 September 2013. A further report covering a more longitudinal period twelve months post the CSIP implementation has been agreed. A	An additional six month evaluation is scheduled to be presented to the April 2014 meeting of the Board of Directors and subsequent meeting of the Council of Governors, specifically evaluating service user, carer and staff feedback.

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				the service redesign, which will report to the Board of Directors.	verbal update in relation to the impact of the service redesign is provided by service and clinical directors of each locality to the monthly Operational Board as a standing agenda item.	
All authorised prescribers have a responsibility to ensure they are aware of all medications that an individual may be taking and seek advice from an appropriate qualified individual if further clarification is required.	To develop a standardised clinic leaflet for service users this will include a request to bring an up to date list of medication that they are taking to their appointment. Clinical appointment letters to include a request for service users to bring their current medication with them to the appointment.	Associate Medical Director of Quality, Compliance and Assurance.	May 2011 Initial action completed 23/04/2012	The Trust has developed a series of medicines management 'always events', which are quality standards which should always happen. This includes standards around patient information. This is in addition to checks as part of a medicines management clinical audit programme and an annual Trustwide clinical audit of medicines management as part of the clinical audit programme.	Clinic appointment letters request that service users bring an up to date list of medication they are taking with them to the appointment so that the doctor can check this with their records. The medicines always events were a CQUIN (quality) scheme during 2012/13 and met the standard required in most measures. The gaps identified were addressed with the services and further audit of these standards will be carried out during 2013/14 to ensure the standards are sustained. The annual audit of	Trust policy is that all patients on admission have verified all medicines they are taking at the point of admission by the admitting doctor/nurse. In the case of any uncertainty about medicines, a conversation would be had with the patient's GP. For patients within the Trust's ongoing care it is the professional responsibility of the medical team caring for them to be fully aware of all medicines they are taking and any potential interactions/ side effects these

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					<p>medicines management focuses on standards of practice for prescribing, safe storage of medicines, patient information on medicines and possible side effects. All recommendations are taken through the Trust medicines management group and to the clinical directors for implementation across services.</p>	<p>may have. If they are not familiar with certain prescribed medicines, they should consult with the prescriber who is usually responsible for prescribing such medicines to see further knowledge about them or alternatively/ as well as speak with the locality CWP pharmacist about the medicine.</p>
<p>All staff working with older people and their carers should consider the cultural beliefs and understandings of this generation in relation to the welfare state, benefits and social care entitlements. Where appropriate staff should draw on the expertise of third sector organisations.</p>	<p>Community Mental Health Teams to develop links with third sector organisations to ensure service users and carers have access to support, advice and information when deciding about input from either health and/ or social care.</p>	<p>General Managers</p>	<p>July 2011 Initial action completed 17/05/2011</p>	<p>The Trust is in the process of redesigning CMHT and the care-pathways. Having clear roles and responsibilities outlined is a key part of the transitional process. Key to this is how teams link to other health and social care and third sector organisations.</p>	<p>Community Service Improvement Programme (CSIP) review of quality impact following implementation (May to July 2013) presented and approved to public Board of Directors on 25 September 2013. A further report covering a more longitudinal period twelve months post the CSIP implementation has been agreed. A verbal update in relation to the impact of the</p>	<p>An additional six month evaluation is scheduled to be presented to the April 2014 meeting of the Board of Directors and subsequent meeting of the Council of Governors, specifically evaluating service user, carer and staff feedback.</p>

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					service redesign is provided by service and clinical directors of each locality to the monthly Operational Board as a standing agenda item.	
All information related to risk events must be documented within the clinical notes and in accordance with the CMHT and CPA policy.	<p>To confirm via the results of the annual Care Programme Approach audit and care planning audit.</p> <p>Team Managers/ Clinical Directors must review practitioners' case notes as part of clinical supervision.</p>	<p>General Managers</p> <p>Clinical Service Managers</p>	January 2011 Initial action completed 20/03/2012	<p>CPA performance targets are monitored internally and via commissioners.</p> <p>The Trust has commenced a community safety metrics programme which is a clinical peer review of the quality of care plans across community mental health and learning disability teams measuring the quality of clinical risk assessments and care planning, and ensuring that care planning reflects risk.</p> <p>Supervision is also monitored on a regular basis.</p> <p>All of the above is reported to the Board</p>	Community safety metrics programme is a continuing patient safety priority as per the Trust's Quality Account 2012/13. It has been enhanced to include monitoring if the risk assessment indicates known risks that patient pose to others, that this should always be documented in the risk formulation or an alert included on the clinical system.	Community safety metrics programme is being sustained as an ongoing quality improvement programme. The standards being measured were further reviewed, amended and implemented in January 2014. Ongoing improvements are being demonstrated in compliance with these metrics.

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				and the Trust's Quality Committee as a component of quality governance monitoring.		
Carenotes version 4 should have the facility of "shut down" following an incident to ensure that clinical notes are not entered post incident.	Raise with the Associate Director of Informatics as part of Carenotes version 4 developments.	Information Governance Committee	March 2011 Initial action completed 21/03/2011	This was addressed as part on ongoing clinical systems reviews, which continue.	Carenotes4 has the function to "shutdown" if an incident has occurred – Records Policy, point 3.10 page 15.	Action completed as per October 2013 progress update.
<p>Additional recommendation arising from the independent investigation report:</p> <p>The Trust should ensure that NICE clinical guidance (42) for dementia is fully adhered to, and if necessary negotiate a contract with their commissioners to help achieve this.</p>		Research and Effectiveness Manager	Identified as clinical effectiveness (Quality Account) priority for completion end March 2014	-	The CAREnotes Assist pathway for dementia has been thoroughly tested and final amendments are being made before the pathway goes live. This will enable the Trust to monitor compliance with the guidance in all patients with dementia.	The Trust has appropriate policies/ guidelines in place to support working to standards contained in NICE clinical guidance 42. A dementia memory assessment clinical pathway was implemented via the Trust's clinical systems on 14 February 2014 to further strengthen adherence in order to consistently deliver optimal outcomes. There are mechanisms in place to discuss with commissioners,

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						through contract negotiations, to review contracts with a view to ensuring adequate commissioning of dementia services.
	<p>Additional recommendation arising from the independent investigation report:</p> <p>All clinical staff including consultant psychiatrists, specialist registrars and GPs should recognise trigger points for safeguarding referrals and ensure that appropriate referrals are made.</p>	Named Nurse – Safeguarding	June 2013 and ongoing	–	CP10 Safeguarding adults policy (including domestic abuse) and CP40 Safeguarding children policy (including safeguarding children training) approved 20 June 2013 and 30 April 2012 respectively. These policies detail referral criteria and detail processes for audit, monitoring and compliance.	Compliance with safeguarding processes is routinely monitored as part of the Trust's unannounced visit process to all areas. There is monthly completion and return of an assurance framework in relation to safeguarding, which is monitored through contract monitoring processes with the Trust's commissioners. This includes a regular plan of audit.