

ACTION PLAN TO RESPOND TO THE MR A INDEPENDENT INVESTIGATION REPORT

Theme	Recommendation	Trust Response
Diagnosis and Formulation	<p>The Trust should ensure that all relevant clinical staff receive appropriate training in diagnosis and formulation.</p> <p>The Trust should ensure, as part of the supervision programme that it had put in place, that assessments of need and risk lead to clear formulations and these are used to inform the planned interventions</p>	<p>Psychologists are allocated to each Recovery Team work stream and aid in discussions re formulation.</p> <p>Intensive team holds daily review meetings where formulation is discussed for service users on the caseload.</p> <p>There is now a full time substantive Consultant Psychiatrist based within the Intensive team, with staff grade doctor support.</p> <p>Robust allocation processes are now in place in all teams, to ensure that all service users have a named care co-ordinator and a collaboratively agreed plan of care and a crisis and contingency plan. The Trust has implemented a key worker system within the Intensive teams which ensures that all service users have a named and accountable care co-ordinator, known to them, who is responsible for collaboratively developing a relevant care plan and contingency plan.</p> <p>Monthly training reports from MLE are considered in locality team manager's meeting and reviewed at Senior Management Team (SMT)</p>

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		<p>and Quality and Standards (Q and S) meetings.</p> <p>North Somerset: CPA & Risk Training– 93% completion rate of the 137 staff requiring this training). Local recovery focussed CPA training took place at end 2013. Work with psychology colleagues on continuing developing formulation skills.</p> <p>The Trust has developed further best practice guidance on assessment, formulation and care planning and has launched this as part of a Clinical Toolkit. The toolkit is available to all staff via the Trust intranet. Through the Information for Quality (IQ) system all teams are required to self-assess themselves against the Care Quality Commission Outcomes on a monthly basis. This includes reviewing health and social care records to audit core standards for record keeping on a monthly basis for randomly selected service users. Further audit of the record requires evidence that the care plan clearly outlines the service user’s needs and what specific interventions will be provided to support them.</p>
Quality and capacity management	The Trust should put in place appropriate mechanisms to assure itself and its commissioner that the initiatives it has put in place are appropriately scrutinised and reported on in a timely manner to allow appropriate monitoring to take place both within the Trust and by the commissioners of services	<p>The Quality & Standards meeting will have an on-going role reviewing the implementation of all 7 recommendations. Reporting as required to all relevant stakeholders.</p> <p>Monthly CQC compliance and records management audits carried out via IQ system.</p> <p>Re-audit of compliance with the Trust CPA Policy around Step-down of care at the North Somerset Recovery Team at the end of 2013/14 showed significant improvement in all six areas audited related to care planning, risk assessment and relapse prevention. (Average compliance</p>

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		scores rose from 65% in 2011 audit to 95% in 2013).
CPA	The Trust should review the documentation that clinical staff employ to assess and record risk. It should ensure that these promote and facilitate best practice.	<p>All teams have received training within the last six months on risk assessment, risk management, and crisis and contingency planning. The quality of these plans and adherence to the Trust policy is monitored and scrutinised via the caseload supervision process, monthly records management audit and practitioners are developed in line with the care planning improvement project described earlier.</p> <p>Monthly reports from MLE are considered by the Locality Team Manager's monthly meeting SMT and Q and S and in individual supervision.</p>
Safeguarding	The Trust, in conjunction with its partner agencies and commissioners, should ensure that the local Safeguarding policies and procedures are being implemented in a consistent manner. It should ensure that information is communicated to relevant agencies in an agreed and timely manner.	<p>There has been an emphasis on training staff to enable them to deliver on their safeguarding responsibilities. 76% of eligible staff are trained to level one, with 85% of eligible staff trained to level 3 (a number of new staff have started in the last 3 months and this largely accounts for the 15% shortfall) Recent local Safeguarding training was taken up by staff in North Somerset in January 2014. Monthly training reports from MLE are considered by SMT, Q and S and Team managers meeting. This ensures that training level is maintained.</p> <p>Safeguarding Level 1 & 2 – 76% of eligible staff are trained</p> <p>Safeguarding Level 3 – 85% of eligible staff are trained</p>
Carers assessments and	The Trust should put in place an assurance mechanism, perhaps	Trust policy requires all identified carers to receive a formal carer's assessment, and this is now monitored through the caseload

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experience	<p>involving the families and carers of service users, to ensure itself and its commissioners that:</p> <ul style="list-style-type: none"> • carers are being offered assessment in a timely manner and • the plan subsequently developed meets the needs of the carers. 	<p>supervision process. The Trust's revised supervision policy sets the standard that caseload management supervision occurs monthly and includes team managers and senior practitioners scrutinising the size and complexity of caseloads and assuring that all aspects of CPA, risk management and safeguarding are appropriately implemented and recorded. Team supervision is monitored through the Trust Information for Quality system.</p> <p>A triangle of care audit was carried out in 2013 and an action plan is in place across all teams led by team carer champions. Included in this is a training video on carer awareness, plans to enhance carer information and monthly meetings of carer champions...</p> <p>There are carers champions in recovery and intensive teams.</p> <p>Involvement worker (service user and carer) starting at beginning of May. Carer's information is available in the Locality and is currently being updated with team specific information.</p>
Housing and Local Authority Liaison	<p>The Trust should ensure that protocols are in place to ensure that appropriate communication, information sharing and joint planning between Mental Health Services and Housing and other Local Authority services takes place. The Trust should put in place mechanisms to ensure that these protocols are being implemented as intended.</p>	<p>A shared Housing and Mental Health protocol has been developed and ratified by AWP and North Somerset Housing and other local housing providers. There are regular sub group meetings between AWP and Housing to discuss any issues and address any difficulties in a proactive and constructive manner.</p> <p>There are robust allocation and supervision processes in place in community teams, which result in a named care co-ordinator for each service user, who is responsible and accountable for keeping track of service users on their caseload and reviewing the plans in place at the</p>

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		<p>point of any change in circumstances - such as a change of accommodation. (Attendance at joint funding panel meetings, Meet with LD, Drug and Alcohol and Childcare safeguarding, Think family teams, Integrated complex cases meetings, MARAC and MAPPA meetings by AWP reps).</p> <p>Local information sharing protocols in place.</p>
	<p>The Trust should continue its on-going monitoring of the policy library and adherence to the newly established policy auditing standards.</p>	<p>The Trust has a new policy framework in place which requires clearly stipulated auditing requirements to be included for each policy area. This describes in detail the areas to be monitored and the frequency of monitoring.</p> <p>All policies are quality checked to ensure these follow the Trust template and include a defined audit requirement.</p> <p>The Trust's policy library is subject to a monthly audit to ensure all policies are current and remain accessible to all staff, with a clear process in place within the organisation for the review and approval of policies. A Policy Alert is cascaded on a monthly basis through all directorates advising staff of all changes to existing policies and newly published policies.</p>