

ACTION PLAN IN RESPONSE TO INDEPENDENT HASCAS REVIEW PROGRESS AS AT 28th JANUARY 2014

No	Recommendation	Lead/Responsible Person	Action completed	Further action	Date	Methods of measurement	Outcome indicators/standards to be delivered	Reported to	Status as at Jan 14
1	The Trust will provide training to CMHT staff on Medicines Management Planning. This will cover compliance and non-adherence and will incorporate motivational interviewing skills.	Associate Director Community Services /Head of Learning and Development	Training was provided on 17, 23, 31 July 2013 and 9th, 19th December 2013. The Training provided an introductory overview and refresher on Concordance Therapy and Motivational Interviewing inclusive of the background and discussion on the investigation findings. Sessions were used to outline main tenets of concordance and MI and to highlight practice issues. Training was delivered over three sessions and lasted up to a maximum of 3.5 hours. Target group was all Team leaders / representatives or Team Lead on Medication Management.	76% of target group attended to date. Additional training dates to be provided. Evidence of dissemination of learning in teams. Audit of medicines adherence care plans for those on CTOs	January 2014	Attendance records monitored and audits carried out to ensure that this implemented in practice.	Care plans for compliance and non-adherence to be in place where clinically indicated	Directorate Management Group	
2	The Trust will remind clinicians of the importance of documenting the reason behind decisions to change treatment, either medication or psychological and social intervention, so that not only is the decision recorded but the reasons underpinning the decision are recorded.	Associate Director Community Services/Medical Leads	The Director for Mental Health wrote to the Associate Managers and Lead Consultants on 1 st March requested that this recommendation be discussed at all management groups, ward and team meetings across the Mental health Directorate to raise awareness and improve practice. Audit in October 2013 showed 60.49% compliance and re-audited in December 13 showed further improvement by 29.38%. Total compliance 89.87% .	Monthly audits to evidence sustained change in practice.		Audit results	Demonstrated sustained improvements embedded in practice	Directorate Management Group	
3	The Trust will develop and implement a Care Pathway for Psychosis that will include the provision of family interventions in accordance with NICE guidance. As part of this the Trust will continue to promote and publicise the role of the Recovery Education Centre in supporting carers and families	Adult Consultant Lead/ Associate Director Community Services	The Psychosis Pathway developed and launched at the CMHT Essential Standards Day 01 October 2013. The pathway includes clear links to the role of the Recovery Education Centre who have worked with Dorset Mental Health Forum (DMHF) to devise courses to support carers of people with mental health issues	Review of family work services to be undertaken to establish those appropriately trained, the provision of family work by locality and / plan to implement. Audit of the implementation of the Psychosis Pathway to demonstrate improvement in practice and in particular the implementation of family interventions in accordance with NICE guidance and to identify any further training/ service developments	Mar-14	Case Note audit . Any training / service needs identified and implementation plan in place.	Use of Family Interventions in line with NICE guidance.	Directorate Management Group	

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4	The Trust will review the Care Programme Approach Policy including the specific requirements for Patients on Community Treatment Orders	Associate Director Community Services/Policy Sponsor/MHA Manager	Specific CTO Guidance already in place since November 2011 following internal review. Guidance was sent to every individual CMHT member of staff. CPA Policy further amended to include -the conditions of CTO - minimum frequency at which patients must be seen - Circumstances to initiate recall - Early warning signs - Others to be alerted in case of relapse etc.	Audit of implementation (see subsequent recommendation)	Jan-14	Revised policy agreed by the Directorate Management Group (DMG), on intranet and disseminated to staff	Clear standards for staff in planning and recording requirements for service users subject to CTO	Directorate Management Group	
5	The Trust will provide training to all staff of CMHTs on the revised CPA policy	Trust CPA Lead/ Associate Director Community Services	Guidance on management of CTOs had already been put in place and disseminated to staff in November 2011 following the internal review. A full roll out of the Care Programme Approach (CPA) was in the form of Road Shows which are scheduled for completion at the end of December 2013. Training in the revised policy has been added to the rolling programme of training for Mental Health Staff. The target group for training was 174 members of staff of which 75% have been trained to date.	Complete planned training dates.	Mar-14	Delegate attendance records. Target group is all OT & CMHN's within CMHTs	Staff to be aware of the planning and recording requirements for service users subject to CTO	Directorate Management Group	
6	Trust will conduct an audit to ensure compliance with the revised policy within 12 months of the publication of this report to provide assurance that: <input type="checkbox"/> holistic needs assessments are conducted; <input type="checkbox"/> care plans are developed, monitored and reviewed; <input type="checkbox"/> carers and service users are involved fully (where appropriate) in the process; <input type="checkbox"/> primary care practitioners are sent copies of all relevant documentation; <input type="checkbox"/> specific management plans are in place when a person is placed on a Community Treatment Order.	Associate Director Community Services	An audit of standards is planned following publication of the report which will be done by May 14. CPA audit in Jan 12 which showed 63% Primary care practitioners contacted 49% contributed. Further re audit in Dec 13 shows further improved practice with 73% contacted and 54% contributed.	An audit of all audit standards is planned following publication of the report which will be done by May 14	May-14	Electronic Patient Records recording CPA review attendance	Appropriate involvement of all parties involved in service users care.	Directorate Management Group	

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7	All staff from Community Mental Health Teams will be trained in the revised Clinical Risk Policy.	Head Of Patient Safety and Risk /Medical Director	CMHT locality based sessions provided by Medical Director and Head of Patient Safety and Risk in West of County (new policy to this group of staff) In East of County training on revisions to policy included in the Essential Standards training day.	Additional training to be provided to the East	Apr-14	Staff attendance	Staff to be aware of the revisions made to the policy.	Directorate Management Group	
8	The Trust will review and ensure that clear guidance and protocols are in place with partner agencies to ensure that information pertaining to increased risk and significant change is communicated in a robust manner and documented in the RiO record. The Trust will review its Information Sharing Protocols with the Third Sector:	Associate Director Community Services/ Business and Performance manager	Clinical Risk Policy reviewed December 2012 CMHT Operating Procedures have been revised regarding liaison and communication with other agencies Multi agency Pan Dorset Overarching Information Sharing Protocol in place (2009). However, there are a number of Third Sector organisations which are not covered within the Work is currently in progress to develop the remaining Memorandums Of Understanding with the Third Sector/Partner Agency organisations. Relevant Third Section Organisations have been identified.	Discussion with Third sector organisations to progress signed MOU under the overarching information sharing protocol	Mar-14	Agreed documentation on intranet and disseminated to staff	Improved processes for communication of risk information with partner agencies and third sector organisations	Directorate Management Group	
9	The Trust will conduct an audit to ensure compliance with the revised clinical risk policy within 12 months of the publication of this report to provide assurance that: <input type="checkbox"/> risks are assessed at a frequency in accordance with Trust risk and CPA policy documentation; <input type="checkbox"/> all identified risks are managed by comprehensive risk plans; <input type="checkbox"/> relapse and crisis and contingency plans are updated in accordance with service user need	Head Of Patient Safety and risk	Roll out of RiO Trust wide in 2013 RiO risk summary amended June 2013 Training programme carried out up until October 2013	Audit planned for Feb 2014	Feb-14	Case note audit.	Key risk information is recorded in risk assessments and leads to clear actions within the care plans	Directorate Management Group	

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10	The Trust will ensure that each CMHT has a Carer's Lead to champion the needs of Carers and their families. Links to the care pathway for Psychosis to be developed	Associate Director Community Services	Carers Leads have been identified in each Team. Carers Lead role and responsibility developed to provide clarity and support to carers leads in their role and will be rolled out to identified Carers Leads. The Trust has also undertaken further work with Dorset Mental Health Forum (DHMF) to develop suitable courses for carers at the Trust Recovery Education Centre		Jan-14	Role specification produced and facilitated group with carer leads.	Clear standards identified for carers lead role.	Directorate Management Group	
11	The Trust will work with the Local Authority to participate in a Scoping exercise of housing need, reviewing need against current provision. The Trust will work with the Local Authority to use this information to develop a Mental Health Housing strategy to include a strong focus on individuals with severe and enduring mental health needs	Joint Local Authority/ CCG Lead	CCG Senior Commissioner. (joint appointment with Bournemouth and Poole Borough Council) leading on this with good progress to date . A scoping exercise for Bournemouth has been completed to inform a draft Commissioning Plan. The intention is to work with the providers in the housing support sector to ensure that the provisions in Bournemouth and Poole meets the current and future needs of Bournemouth and Poole clients and that it is the intention to ensure that some Supported Housing services link much more closely with MH care pathways. When the draft report is approved one of the intentions is to look at the length of stay requirements in supported housing to ensure that people have the right level of support at the right time and that they do not get stuck in supported housing and that they are supported in a timely way to a setting that enables them to live as independently as possible. This will take place alongside a clinical evaluation of the need to ensure stability and appropriate settings. The intention is to ensure that people move but also to ensure that the discussions are had in a timely way dependent upon the clients' needs.	The document has progressed to the reporting stage and is to be taken through the formal approval process for ratification. The report will also recommend much closer working relationships between DHC and the Providers so that move on is managed as a partnership between the provider, DHC, the client/service user and the Supporting People Hub especially in those services allied with some of the care pathways. The linking services to pathways vision will require much more discussion with DHC and the providers which can progress once the report is signed off	Feb-14				

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12	The Trust will review its systems for informing teams of new/revised Policies and Procedures	Business and Performance manager	Directorates are identifying core polices for specific service areas which staff in those areas are expected to be familiar with and implement in their day to day practice.	These core policies will be included as an addendum to the Trust's Induction Check Lists which will be provided to all staff with their Contract of Employment to be signed stored on personal files. Managerial and Clinical supervision is in place to ensure that staff are briefed and understand any changes or revision to these polices.	Feb-14	Induction Check lists and staff files	Staff aware of core key policies	Directorate Management Groups	
13	The Trust will develop a revised management and clinical supervision policy that takes account of adherence to new Policies and Procedures	Associate Director Community Services	Policy reviewed and uploaded on intranet		Apr-13	Revised policy agreed by Quality and patient Safety , on intranet and disseminated to staff	Role of supervision in assisting staff with awareness of new policies and procedures	Patient Safety Committee	
14	The Trust will ensure that all CMHTs are reminded of the referral routes to the Crisis and Home Treatment Team and of the role that Duty Workers have in managing patients who require urgent assessment or intervention	Associate Director Community Services	Email sent to all Team leaders on the 1st March 13 by Associate Director outlining roll of duty worker		Feb-13	Correspondence to CMHTS	Staff aware of referral routes.		
15	The Trust will ensure that all services users on Community Treatment orders are discussed as a minimum on a monthly basis within Team Meetings and that a record of the discussion is recorded in the RiO system	Associate Director Community Services	Audit in August 2013 showed 52% discussed and 57% documented CTO refresher training was delivered on 01/10/13. A re-audit in Dec 13 showed further improvement as follows: 73%, discussions and 77% recorded in RiO	Re-audit monthly to ensure continued improvements in practice		Case notes	Monthly review of service users subject to CTOs by team.	Directorate Management Groups	

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16	The Trust will also review all Operational Policies and care pathways to ensure that referral and access to Crisis Team is made explicit to: <ul style="list-style-type: none"> • primary care workers; • secondary care workers; • third sector workers; • services users; • carers and families. 	Associate Director Community Services	Review of policies is underway and amendments being made as required	To ensure that all appropriate policies have been reviewed.	Mar-14	Revised policy agreed by DMG, on intranet and disseminated to staff	Clarity re referral pathway		
17	The Safeguarding Adult Board (SAB) and the Trust at Board/leadership level to understand and define the relationship between adults at risk by reason of their mental health issues and those at risk within the broader definition and therefore oversight of adult safeguarding. The SAB to communicate and train relevant staff when that understanding has been reached and agreed.	Set by the Local Authority							
18	The SAB to debate and agree the extent to which adult safeguarding protocols and procedures are/should be the backstop for service failures elsewhere in the system	Set by the Local Authority							