

Action Plan – Mr E

Area of concern	Recommendation supporting the action	Action point	Monitoring/ responsible forums	Completion date	Evidence of action point
A) Risk Assessment	Rec 1 Rec 2 Rec 3	<ol style="list-style-type: none"> 1) Risk assessment tool/paperwork to be updated in line with the PARIS patient record developments across the Trust. 2) A review of the current CPA policy to be conducted to introduce a CPA level that will be supported by a Governance tool for robust communication in relation to the level of risk to others/increased danger. 3) Risk assessment/formulation training to be rolled out across the organisation. 4) Development of MDT reviews for service users who present with increased risk to others. This will be in line with the CPA process. 	<ul style="list-style-type: none"> • North & South Divisional Integrated Governance Groups (DIGGs) • Trust wide Community Services Group (Tier 4) • North Division Community Strategy Group (CSG) • CPA Group and sub group • Educational Governance Group (EGG) 	31.3.15 (in line with the Transformation of Community Mental Health Services project)	
B) Management of high risk Service Users who are difficult to engage	Rec 1 Rec 2 Rec 3 Rec 4 Rec 4 (a) Rec 4 (b)	<ol style="list-style-type: none"> 1) Development of MDT reviews for service users who present with increased risk to others. This will be in line with the CPA process. 2) A review of the current CPA policy to be conducted to introduce a CPA level that will be supported by a Governance tool for robust communication in relation to the level of risk to others/increased danger. 3) The use of zoning across the community teams – as a tool for communicating risk. 4) Closer working with CJMH service for those clients identified via the CPA process as being higher risk. 5) In-house training programme to be 	<ul style="list-style-type: none"> • North & South Divisional Integrated Governance Groups (DIGGs) • Trust wide Community Service Group (Tier 4) 	31.3.15 (in line with the Transform-ation of Community Mental Health Services project)	

		developed and rolled out across community services, in line with the community Transformation Project. Specific training required for “dealing with dangerous clients”.			
C) Medicine Management	Rec 4 (a) Rec 4 (b) Rec 5	<ol style="list-style-type: none"> 1) Development of MDT reviews for service users who present with increased risk of non concordance/increased risk/increased level of danger. These reviews to include pharmacy staff. 2) The use of “Community Treatment Orders” in relation to non concordance being a trigger to the higher risk level of CPA. 3) The Community Mental Health Service Transformation Project to map out training needs for the newly configured services (project running 1.4.13 → 31.3.15, 	<ul style="list-style-type: none"> • North & South Divisional Integrated Governance Groups (DIGGs) • Trust wide Community Service Group (Tier 4) 	31.3.15 (in line with the Transform-ation of Community Mental Health Services project)	
D) Substance Misuse	Rec 1 Rec 2 Rec 3 Rec 4 (a) Rec 4 (b) Rec 5 Rec 6	<ol style="list-style-type: none"> 1) The Community Mental Health transformation project to consider the links with substance misuse services. 2) Strategic development of services for dual diagnosis clients to be reviewed in line with the Transformation Project. 3) The transformation project to include SMS training in their training needs analysis as they roll out the project. 4) Use of drugs on the Inpatient Units to be discussed and plans agreed at the Acute Care Forum. 5) Liaison with Police/A&E/Housing to be 	<ul style="list-style-type: none"> • North & South Division Integrated Governance Groups (DIGGs) • Trust wide Community Services Group (Tier 4) • North Division Community Strategy Group (CSG) • CPA Group and sub group • Educational Governance Group (EGG) 	31.3.15 (in line with the Transform-ation of Community Mental Health Services project)	

		<p>increased as services move to locality based business units – focused on the townships.</p> <p>6) Physical health in Mental Health to be part of a training programme. This should be completed prior to the Transformation Project, in line with CQUIN target dates.</p> <p>7) Suicide Prevention/Self Harm policies to be reviewed in line with the Transformation Project.</p>			
E) Links with Forensic Services	<p>Rec 1</p> <p>Rec 2</p> <p>Rec 3</p> <p>Rec 4 (a)</p> <p>Rec 4 (b)</p> <p>Rec 7</p>	<p>1) Review of the CPA policy/processes will ensure greater links to MAPPA for the development of safety management plans.</p> <p>2) In-house training programme to be rolled out in line with the Transformation Policy – specific training “dealing with dangerous clients”,</p> <p>3) Review of the P.I.C.U. pathway to be undertaken.</p> <p>4) Review of the forensic assessment referral route/timescales to be conducted.</p>	<ul style="list-style-type: none"> • North & South Divisional Integrated Governance Groups (DIGGs) • Trust wide Community Service Group (Tier 4) 	31.3.15 (in line with the Transformation of Community Mental Health Services project)	
F) Physical Health care/health promotion	Rec 8	<p>1) Physical health matters training</p> <p>2) Physical health CQUIN target</p> <p>3) Review of Physical Health policy</p>	<ul style="list-style-type: none"> • Clinical Lead – Service Improvement, Head of Audit and Effectiveness 	Completed	<p>Training programme in place.</p> <p>CQUIN target achieved.</p> <p>Policy review completed.</p>
G)	Rec 1	1) Discharge planning standards to be set and agreed across inpatient/community	<ul style="list-style-type: none"> • Task & Finish Group 	Completed	Discharge standards

Inpatient care for difficult to manage clients	Rec 2 Rec 3 Rec 4 (a) Rec 4 (b) Rec 5 Rec 6 Rec 7	services 2) Formal CPA meetings to be held for all detained patients prior to discharge, this will be audited 3) Use of Community Treatment Orders for clients presenting with possible disengagement/non concordance			in place. Audit of standard agreed. Adherence to Trust Community Treatment policy.
H) Police Liaison	Rec 10	1) Pilot project from Oldham to be considered in all other Boroughs – Street Triage.	<ul style="list-style-type: none"> Lead: Acute Service Line Manager /Service Director 	Completed	Street Triage extended to Bury and Rochdale in November 2014, with additional involvement of NWAS
I) Clinical and Managerial supervision	Rec 1 Rec 2 Rec 3 Rec 4 (a) Rec 4 (b) Rec 5	1) Review of the Policy. 2) Audit to be undertaken. 3) Results to be actioned via DIGGS.	<ul style="list-style-type: none"> Audit team Divisional Integrated Governance Groups (DIGGs). 	Completed	Policy reviewed, audit completed and results disseminated to DIGGs.

	Rec 11				
	Rec 12 (a)				
	Rec 12 (b)				
	Rec 12 (c)				
J) Training	Rec 1 Rec 2 Rec 3 Rec 4 (a) Rec 4 (b) Rec 6 Rec 7 Rec 8 Rec 9 (a) Rec 9 (b) Rec 12 (a) Rec 12 (b) Rec 12 (c)	<p>1) The Community Transformation Project to map out training needs for the newly configured services. Project running 1.4.14 → 31.3.15.</p> <p>2) Training needs analysis (TNA) from the Transformation Project to be processed via EGG.</p> <p>3) RCA panel recommend the following are considered in the TNA</p> <ul style="list-style-type: none"> • Modern approaches to prescribing • Therapeutic innovation • Personality Disorder • Conflict resolution • Substance misuse • Risk assessment/formulation 	<ul style="list-style-type: none"> • Divisional Integrated Governance Groups (DIGGs) • Educational Governance Group (EGG) 	31.3.15 (in line with the Transformation of Community Mental Health Services project)	