

**External Action Plan**  
**2015 / 11721**

No*	Recommendation / Area of concern	Action (in SMART format)	Lead	Level for Action	Monitoring	Target date	Evidence of action point implementation
	<p>What issue has been identified? Issues must be listed individually with an associated action point assigned.</p> <p><b>Note: Issues must be considered from an individual patient care perspective, but also from a service perspective.</b></p>	<p>How will the issue be addressed? The action point must directly state how it will address the area of concern in a clear and measurable way to ensure improvements are achieved.</p>	<p>A single person should have responsibility for the implementation of an action point to avoid confusion and ensure clear lines of accountability.</p> <p><b>Note: this must be discussed with the nominated individual and agreement obtained</b></p>	<p>Is the action applicable to:</p> <ul style="list-style-type: none"> <li>• An individual member/s of staff</li> <li>• Team</li> <li>• Service</li> <li>• Directorate</li> <li>• Borough</li> <li>• Division</li> <li>• Trust</li> </ul>	<p>How and when will progress be measured? E.g. audit, survey.</p> <p>How will you demonstrate that the action point has addressed the issue identified?</p>		<p>In order to demonstrate action point implementation the evidence must be obtained by the person responsible for the action point. A copy of the evidence must be sent to the Quality Assurance, Research and Innovation Unit for corporate reporting.</p>
2	<p>PCFT should seek assurance that the current CTO Policy is realistic and fit for purpose, and adapt it as required to ensure it is line with other relevant Trust processes, and then seek assurance that the requirements of the CTO policy are being adhered to and implemented</p>	<p>Review the CTO Policy by Task and Finish Groups</p> <p>Audit already implemented for care planning and code of practice compliance</p>	<p>MM (Mental Health Law Manager)</p> <p>KT;MP;HM</p> <p>Community Consultant</p> <p>Inpatient Consultant</p>	<p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> The Team</p> <p><input type="checkbox"/> The Service</p> <p><input type="checkbox"/> The Directorate</p> <p><input type="checkbox"/> The Borough</p> <p><input type="checkbox"/> The Division</p> <p><input checked="" type="checkbox"/> The Trust</p>	<p>Task and Finish Group (HMCC)</p> <p>Policy (MM)</p> <p>Audit (LC); re-measure between 2016 audit results and Q4 2017</p>	<p>May 2017</p> <p>May 2017</p> <p>Q4</p>	<p>Revised policy</p> <p>Revised policy</p> <p>Audit results Action plan</p>

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	correctly						

3	PCFT should revise the zoning protocol to include clarity on who should attend from different disciplines, and a minimum meeting interval should be specified. This should then become a policy and its implementation monitored	Develop a Task and Finish Group to review Trust wide process  T&F group in progress  Data-set of practice collected for analysis	CMc  MW	<input type="checkbox"/> Individual <input type="checkbox"/> The Team <input type="checkbox"/> The Service <input type="checkbox"/> The Directorate <input type="checkbox"/> The Borough <input type="checkbox"/> The Division <input checked="" type="checkbox"/> The Trust	Policy produced and ratified	July 2017	Policy on intranet
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4	PCFT must provide assurance that systems are in place to ensure that all patients on 'CPA plus' have updated care plans	Develop internal assurance process overseen by Positive and Safe group. HMcG met with P&I and ICT re tableau. Report for CPA plus and care plan to be produced for team manager level. CPA+ register by CSM and Governance	HMcG  DE	<input type="checkbox"/> Individual <input type="checkbox"/> The Team <input type="checkbox"/> The Service <input type="checkbox"/> The Directorate <input type="checkbox"/> The Borough <input type="checkbox"/> The Division <input checked="" type="checkbox"/> The Trust	Developed assurance process that is understood at local level  Compliance framework for CPA plus care planning to be	July 2017	Reporting structure  Integrated governance dashboard - DIGG - Board
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					developed as per above		
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5	PCFT & NHS HMR CCG should assure themselves they have appropriate resources to meet demands of patients who meet the requirements of CPA plus, and/or an 'AOT approach'	Meeting with PCFT and HMR CCG on 20 <sup>th</sup> February to look at issues, prioritise and resources	HMcG KS (CCG lead)	<input type="checkbox"/> Individual <input type="checkbox"/> The Team <input checked="" type="checkbox"/> The Service <input type="checkbox"/> The Directorate <input type="checkbox"/> The Borough <input type="checkbox"/> The Division <input type="checkbox"/> The Trust	Minutes of meeting	July 2017	Revised contract
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7	PCFT should evidence that risk assessments are robust and then followed by a clear risk management plan that should be an essential part of CPA care planning	Review risk assessment tool	MW (Task and Finish Group)	<input type="checkbox"/> Individual <input type="checkbox"/> The Team <input type="checkbox"/> The Service <input type="checkbox"/> The Directorate <input type="checkbox"/> The Borough <input type="checkbox"/> The Division <input checked="" type="checkbox"/> The Trust	Tier 4 Group will look at themes  Borough level actions  Team level for individual	July 2017	
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					actions		
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10	PCFT should clarify what additional enhanced risk management follows from registration on CPA plus	Look at the structure, attendance, involvement, format etc. of CPA plus meeting and links to other processes e.g. MAPPA  Task and Finish Group to review CPA policy and consider separation of CPA + part into its own section	MC – Medical staff  CMcC;  DE; DS	<input type="checkbox"/> Individual <input type="checkbox"/> The Team <input type="checkbox"/> The Service <input type="checkbox"/> The Directorate <input type="checkbox"/> The Borough <input type="checkbox"/> The Division <input checked="" type="checkbox"/> The Trust	Review of the clinical risk assessment policy for CPA plus patients	September 2017	
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\*action numbers relevant to Pennine Care NHS Foundation Trust are taken from the recommendation numbers within the NICHE commissioning report