

**Cardiff and Vale NHS Trust
Appendix 2: Mental Health**

Rec No	Chapter	CHI Action point	Action Required by CHI	Target Date	HIW findings
1	Service user experience and patient, service user, carer and public involvement	In collaboration with all statutory partners the mental health service group and child adolescent mental health services should consider how provision for adults and adolescents with eating disorders could be met.	Review adult services against relevant standards (adolescent services already reviewed).	By June 2005	Over the last three years there have been some developments in services for adults with bulimic disorders but not for those with anorexic disorders. The service was reviewed against the NICE guidelines for eating disorders (2004) and a business case was developed to address gaps in service identified in this review. The service developments identified require commissioning by Health Commission Wales and as yet this has not occurred. In respect of adolescents it was difficult to gain clarity about the future direction of this service. This will, however, be examined in greater detail as part of HIW's all Wales review of CAMHS in 2007.
			Review Service against NICE guidance	By June 2005	
			Incorporate as part of other reviews e.g. Child Health, Community Services, Mental Health, CAMHS strategy group etc. (Strategic Outline Case. SOC) CAMHS incorporate as part of Community Intensive Therapy Business Case for Cardiff and Vale as Tier 3 / 4 Community Service.	By Feb 2004:	
2	Service user experience and patient, service user, carer and public involvement	The mental health service group should further develop the carer's groups within the elderly mentally ill service and consider how to develop groups for adult services.	Complete mapping exercise of existing carer groups and how they feed into service, commissioning etc	Feb 2004	There was little evidence of progress with carer group mapping. It was reported that this has been undertaken for the older person's services but not for adult services. Attempts have been made to engage carers in older person's services when changes and developments are being progressed. There is no public and patient involvement framework, as discussed in recommendation 6, which makes it difficult to determine how carers groups contribute to service planning and development on a
			To resource adequately existing carer's groups -	Feb 2004	
			Establish a Child and Adolescence and Adult carer groups	By February 2004	

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			The Trust through its Patient Involvement Officer will agree a Strategy for User Involvement to include MH Services	By August 2004	regular basis
			Provide appropriate staff training, resources and support.	By TBA	
3	Service user experience and patient, service user, carer and public involvement	The provision of occupational therapy, speech and language, therapy physiotherapy and dietetics service for the elderly mentally ill should be reviewed	Service to be developed through Strategic Outline Case		A review of therapy services was undertaken and a report produced. This is a very negative document which clearly states that current services cannot be maintained without further resources, but it was reported to HIW that no further resources were available. As a consequence there is generally very poor provision of therapy services within the Mental Health Service Group. This was particularly apparent within older person's services. Occupational Therapy services have limited resources which have been allocated according to clinical need. As a result the therapy input at Whitchurch Hospital differed from ward to ward, with some reporting good Occupational Therapy input and others none at all. Some wards had developed a refocusing nurse role, where a healthcare assistant provides activities for patients. Whilst this is to be encouraged it should not be seen as a
			Clarify current position/priority of therapy requirement Current provision needs review	Feb 2004	
			Report on therapy will be agreed by Clinical Support and MH SGMT's. To be included as part of the development of service models in line with the agreed priorities and timescales in the SOC	By March 2004	

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					replacement for professionally trained therapy staff. A particular concern was voiced about the lack of Speech and Language Therapy input, especially to provide swallowing assessments for vulnerable patients. This was recognised by the Service Group as a high risk area and so needs to be addressed urgently
4	Service user experience and patient, service user, carer and public involvement	The mental health service group should review community services to support service users and ensure their needs are met.	<p>To undertake a review of community services both in line with Strategic Outline Case and including community services outside its remit, to include provision of assertive outreach, housing support, crisis intervention etc – to Strategic Outline Case timetable</p> <p>CPA project group to be established</p> <p>Acceleration of implementation of Care Programme Approach to ensure consistency of care-planning -</p> <p>Equitable standards to be established across CMHTs. Constraints on standards to be explained to service users</p>	<p>December 2003</p> <p>By December 2004:</p>	<p>Community services have been developed since the CHI review. A Crisis House has now opened and a drug and treatment centre was due to be opened in October 2006. Two crisis teams have been created which have enabled Community Mental Health Teams (CMHTs) to reprioritise their workload. Referrals should be made direct from GPs to the CMHTs who hold weekly referral meetings. There is currently only one 'gateway worker' in place. The appointment of additional workers in this role needs to be considered in order to develop further the relationships between the Service Group and primary care.</p> <p>The Trust should be commended for its progress in rolling out the Care Programme Approach in all areas with an effective training programme providing a clear risk focus that has been well attended by all staff. The Trust provides patients with a well written and presented user guide produced by Hafal</p>

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			CAMHS – discussed with voluntary organisations / commissioners as part of overall service planning.		
5	Service user experience and patient, service user, carer and public involvement	The Trust needs to identify a non-executive director to work with the trust lead for patient and public involvement to develop a forum and a strategy for this work.	Non-Exec lead identified	By Sept 2003	There was some confusion as to whether there was a Non-Executive Director (NED) for Patient and Public Involvement (PPI). HIW were told by some staff that there was not one but others identified a particular NED as their 'patient champion.' The Trust position in this respect needs to be clarified
6	Service user experience and patient, service user, carer and public involvement	The mental health service group should establish a local forum of voluntary organisations, service users and carers to develop a plan for service user, carer and public involvement particularly in relation to customer care training, ethnic diversity, provision of information and service user involvement in care	Review of TOR, membership and relationships of existing groups co-ordinated via the Trust to ensure consistency with Trust Strategy for Public and Patient involvement.	Feb 2004	The Trust's User involvement strategy and PPI work is not well developed. The Trust's PPI strategy was due to go to the Board for approval at the time of our visit. There is a process in place within the Trust for the engagement of stakeholders but it was unclear whether the Mental Health Service Group (MHSBG) had adopted this. There is work still to be undertaken in the area of service user / carer inclusion in strategy and delivery of policy. Users and carers are represented on some joint planning and commissioning bodies, however concerns were voiced by some regarding the effectiveness of the six-monthly stakeholder forum as a means for users and carers to influence developments.
			Trust Board will agree the PPI Strategy which will include mental health Services	By August 2004	
			Training programme on cultural awareness in preparation	Ongoing	

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			Interpreter service to be further developed	By August 2004	<p>There are some examples of good practice in consultation during the development of new facilities but also of problems communicating with service users. On occasions this had resulted in confusion and rumours regarding changes, or a lack of understanding of the impact of changes in the models of care.</p> <p>There is a Patients' Council at Whitchurch Hospital which, whilst electing not to be involved in the project team for the redevelopment of the site, are being kept informed and will comment on plans as and when appropriate</p>
			CAMHS – incorporated as part of joint planning agenda with partners.		
7	Service user experience and patient, service user, carer and public involvement	The action plan arising from the trust's review of its complaints handling process must include learning from models of success in other trusts, be effectively implemented and monitored.	the Service Group will establish a "lessons learnt" complaints panel to include patients reps, advocates, and staff representatives	By December 2003	<p>There is a complaints policy in place that is due to be reviewed in May 2007. There was no evidence within the policy of any process in place for sharing lessons learned, but there was evidence of some sharing of lessons at ward level</p> <p>Complaints are managed by the Patient Experience Manager, and are not part of the Clinical Governance Team's responsibility.</p> <p>It was reported that there was no longer a 'lessons learned' complaints panel in place. The MHSG were reported as not performing well in respect of complaints handling even though they are making some progress in this area. There is a multi-disciplinary</p>
			the Trust Board will agree its new Complaints Policy and arrangements.	By December 2003	
			That the Trust will provide a forum by which complaints, litigation sentinel events and risk issues are reviewed in order that lessons can be shared across Service Groups		

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					complaints and incident reporting panel in place. There was little evidence of complaints literature being available in adult inpatient areas at Whitchurch Hospital.
8	Service user experience and patient, service user, carer and public involvement	The Trust needs to provide training on the consent policy and its practical application, and undertake an audit of its use.	Provided to staff, carers and users.	Aug 2004	A consent policy is in place and was reviewed in May 2006. Staff reported that training had been provided on the use of this policy. Service Group staff reported they were not aware of consent form audits being undertaken.
9	Risk Management	The Trust strategic direction for risk management needs to be further developed and involve clinicians and service groups in identifying priorities for an action plan to achieve implementation.	Risk Management Strategy to be reviewed.	By September 2003	Recommendations 9 to 14 are considered together The risk management strategy was reviewed in February 2006. Risk management is led by the Corporate Director. There is a Risk Management Committee. Each service group creates their own risk register and these are reviewed annually. Issues are discussed at the MHSG Clinical Governance Forum and are then fed through to the Clinical Governance Committee. Clinical governance meetings are held in both adult and older people's
			Trust Board will agree new risk management arrangements including accountabilities and key actions	By March 2004	
			Clinical Governance Strategy to be reviewed in 2004.	2004	
			Incident Reporting to be revised in 2004	2004	

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			Link with NSPA to be made in relation to learning lessons and training in Root Cause Analysis (RCA)		services where the agenda covers the review of risks, clinical incidents and audit. This work was supported by a Clinical Governance Facilitator who covers Mental Health and one other service group.
10	Risk Management	The mental health service group needs to identify a lead clinician for clinical risk management.	Confirm lead Clinician and role /responsibility	By Jan 2004	No progress has been made to identify a lead clinician for clinical risk management. The Trust Incident Reporting Policy has been reviewed and Root Cause Analysis training has been made available to staff.
11	Risk Management	The incident reporting policy needs to be developed to include both general and serious incident reporting guidance	Review of current incident reporting procedure and Mental Health Service Group Guidance	Dec 2003	There is a corporate induction programme in place which covers risk management and incident reporting topics. It was reported that most staff had attended this. There was no real evidence that a training needs analysis for risk management and assessment had been undertaken
12	Risk Management	A mechanism for feedback to staff about incidents reported should be developed	Review current procedures and agree appropriate action.	April 2004	There was evidence that the MHSG was more responsive to reporting incidents with an increase in reporting of less serious / near miss incidents which had been encouraged. There was a concern, however, that in one of the ward areas in St David's Hospital reporting of incidents at night had all but ceased due to the frequency of incidents occurring.
			Arrangement in CAMHS to ensure feedback		
13	Risk Management	The Trust should ensure that there is a system to provide feedback to service users and carers about reported incidents.	As part of the agreed Risk Management arrangements (action Point 1 above). Trust Clinical Governance / Risk Management arrangements to include feedback to service users and carers		

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14	Risk Management	A training package for staff on risk management needs to be developed that includes incident reporting and clinical risk assessment.	Identify existing training programmes	Dec 2003	There was evidence that the outcomes of serious incidents was fed back to individual staff involved, however there was little evidence generally of staff receiving feedback on the range of incidents reported. Further training on incident reporting is planned but resources for this were limited It was reported that feedback is given to users and relatives in cases of serious untoward incidents and a copy of the report provided to them.
			A report outlining Training Needs Analysis and training programme to be developed and discussed and actions agreed at Central Risk Management Committee.	March 2004	
			Liaise with training providers to ensure risk management is part of clinical training.	March 2004	
15	Risk Management	The Trust should raise awareness of the vulnerable adult policy and its application to inpatients.	A business case for supporting the Vulnerable Adult Policy to be taken to S I G	by September 2003.	The Trust has made good progress in this area. There was evidence that policies and training for Protection of Vulnerable Adults (POVA) were in place and implemented where necessary. The Trust had invested in buying an e-learning package which was available for all staff. Level I training is undertaken at induction, Level II is a half day session and 400 staff had attended last year, Level III is a 2 day course that had been attended by 45 lead clinicians last year and Level IV training was provided with the police and 4 specialists had attended last year.
16	Clinical Audit and Clinical Effectiveness	The Trust should identify a clinical lead for audit within mental health.	Mental Health Service Group – To be determined with role profile agreed	Nov 2003	Recommendations 16 – 20 are being considered together A clinical audit lead has been appointed,

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			CAMHS clinical lead in place		however, there was no evidence of a training programme for audit having been developed
17	Clinical Audit and Clinical Effectiveness	The Trust needs to provide clinical audit training on a regular basis for all staff.	Training programme to be developed across the Trust	Aug 2005	Clinical audit activity was agreed within individual departments but there did not appear to be any central co-ordination of a Trust –wide plan or any agreed mechanism for sharing the outcomes of audit. It was also unclear how much multi-disciplinary audit was undertaken, for example Therapies staff reported undertaking their own audits in the main. Audits the Service Group was involved in included national audits and audits of Fundamentals of Care standards.
			Trust Audit Group to agree Training Programme and required action	Aug 2005	
18	Clinical Audit and Clinical Effectiveness	The mental health service group needs to identify an audit plan for medical, nursing and allied health professionals and to monitor and evaluate progress against the plan. It also needs to ensure that audit outcomes are disseminated to all staff.	Development a coherent audit plan which links with NICE, risk profile, NSF, R&D and ICP's –	March 2005	
19	Clinical Audit and Clinical Effectiveness	The Trust should identify minimum standards for the audit process including a centralised registration process, documentation of audit objectives, process, outcomes and implementation of change.	Development of standards with a clear communication process for results	Aug 2005	
			Trust Audit Group to agree an annual plan To include dissemination of results		

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20	Clinical Audit and Clinical Effectiveness	Both Child and Adolescent services and the mental health service group should identify a strategy and action plan for clinical effectiveness linked to their clinical audit priorities including NICE guidance and the national service framework for mental health	Agree and implement strategy and action plan.	March 2004	
			Disseminate action plans to all clinical staff	as above	
			All relevant Nice guidance is audited in order to agree implementation.		
			Audit Commission undertaking Service Review as part of NSF implementation		
21	Clinical Audit and Clinical Effectiveness	Child and adolescent services and the mental health service group need to develop a closer relationship. Establish a clear pathway for management of the transition from child and adolescent services to adult services for 16 to 18 year olds.	Agree and implement protocol -		There were significant concerns raised during the review regarding difficulties in the relationship between CAMHS and the MHSG which need to be addressed. One particular area of tension was the transition of 16 to 18 year old patients from CAMHS to MHSG. Whilst HIW is aware of the national problems in this area, the two service areas need to ensure clarity of processes under the current guidance and work together on the ground.
			Raise awareness of protocol -	ongoing	
22	Clinical Audit and Clinical	The mental health service group should review the	Review of roles commissioned	Dec 2003	The Trust has made good progress on this point. All clinical nurse job descriptions have

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	Effectiveness	role of the clinical nurse leaders across all directorates.	Implement recommendations	– then ongoing	been reviewed and there was evidence that as a result staff in these roles were experiencing greater satisfaction and being used to better effect to provide clinical leadership to their staff whilst not being 'pulled' into day-to-day managerial issues.
23	Clinical Audit and Clinical Effectiveness	The mental health service group should further develop its links with the University of Wales and the school of nursing to support the introduction of evidence based practice and improve recruitment and retention	Strengthen links with College of Medicine and School Of Nursing Studies and schools of therapy	Feb 2004	The Trust has made good progress in this regard. Strong links have been established with nursing and therapies staff at the University of Wales to support evidence based practice with the aim of improving recruitment and retention. 5 nursing staff have been appointed to joint posts
			Develop Mental health Liaison group		
			Evidence of evidence based practice development to include NICE , NSF development as part of the Clinical Effectiveness Action Plan (Above)		
24	Clinical Audit and Clinical Effectiveness	The Trust should review its mechanisms for dissemination of new policies, training for their implementation and audit to evaluate their effectiveness.	Trust intranet developed to include training and audit policies	Feb 2004	Staff reported being aware of how to access policies.

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25	Staffing and Staff Management	The mental health service group must take urgent action to address the high level of consultant vacancies and locum consultants	Develop a recruitment strategy for medical staffing to include; recruitment sources, attractiveness of posts etc.	Feb 2004	There was evidence that all posts apart from the low secure post had now been filled. This post was currently filled by a long term locum with the job plan agreed by the Royal College of Psychiatrists. The Service Group had identified the need for an additional 2 consultant posts in Older Persons services which had not been funded as Royal College of Psychiatrist approval had not been obtained due to the size of the patches. It was reported that the Trust are to appoint an associate Medical Director for mental health.
			Consider: Use of associate specialists Consultant nurses/PAMs Pharmacy support Care pathways Role of CD Availability of junior medical staff Support to same –	Feb 2004	
26	Staffing and Staff Management	The mental health service group should take urgent action to ensure that wards are not left without qualified nurses at night.	Wards risk assessed and standards for rotas established	Feb 2004	Recommendations 26 and 27 are being considered together
			Nursing establishments to be reviewed and costed then taken to Service Group and SIG	Nov 2003	There was no evidence that wards were left with no qualified nurse cover at night, however, concern was expressed that staff did not feel safe in some wards. This was due to both environmental issues as well as staff numbers. Specific concerns related to wards at St David's and Whitchurch Hospitals where the staffing levels did not reflect the levels of dependency of the potentially volatile mix of

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			Guidance on rota planning produced and disseminated -	Feb 2004	aggressive, frail and physically needy elderly patients. Efforts were being made to make the best use of staffing resources to cope with this situation to ensure the safety of staff and patients. In addition consideration was being given to temporarily reducing patient numbers on one ward to address the high demands on staff.
27	Staffing and Staff Management	The mental health service group need to urgently review nursing establishments and skill mix within all directorates of mental health to ensure safe nursing numbers on all shifts.	See 2 above		<p>In addition on another of the wards at Whitchurch Hospital the layout combined with current night staffing levels meant that staff had to work alone to ensure all areas were observed. There was no alarm system on the ward and staff reported not having personal alarms.</p> <p>Urgent action needs to be taken to address these issues and assure the safety of staff and patients at all times.</p>
28	Staffing and Staff Management	The Trust must develop and implement a detailed workforce strategy for mental health services to ensure an adequate and skilled workforce to meet the planned changes in service provision	Develop workforce Strategy	Feb 2004	<p>Recommendations 28 and 29 are being considered together</p> <p>There is a mental health workforce strategy which has been reviewed as part of the mental health strategy. A recruitment and retention strategy for mental health has been agreed.</p>

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29	Staffing and Staff Management	The allocation of allied health professionals to the mental health service group and child and adolescent mental health services needs to be reviewed.	Review services	Feb 2004	Insufficient Allied Health Professional input into Mental Health Services is discussed in detail in Recommendation 3
30	Staffing and Staff Management	The mental health service group must continue to actively manage sickness, absence and ensure that all staff understand the need for this and the value of it	Joint staff side / management training	Feb 2004	A sickness and absence policy is in place and has been reviewed. Some improvement in sickness rates in the MHSG has been noted with the rate in September 2006 standing at 7.08%. A sickness action plan has been developed for the service group. Sickness rates are monitored weekly with key areas targeted. It is noted that the lowest rates of sickness absence are recorded in the newer units
			Audit workplace health standards – Where feasible introduce flexible working, self-rostering and the Staff well-being initiative		
31	Staffing and Staff Management	The mental health service group and child and adolescent services should review and further develop local induction packages for all clinical areas and all staff	Re-issue revised induction guidance	Feb 2004	A comprehensive local induction policy is in place and checks are in place to ensure that all staff have attended.
			Audit compliance	Aug 2004	
32	Staffing and Staff Management	The mental health service group should take action to develop a just culture promoting effective management jointly between clinicians and managers and to identify learning from experience	Organisational Development Strategy to be developed in partnership with staff organisations.	Feb 2004	The MHSG has made good progress with improving the management culture and developing the leadership skills of staff. The interconnection of the Group with wider Trust management and clinical governance structures had improved since the original CHI visit. As yet the Service Group had not developed its own Organisational.
			P2P to be launched – done		

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		as a tool for changing practice.	To agree an OD Strategy	April 2004	Development plan as part of the Trust's Organisational Development Strategy Issues around learning from experience are also discussed under Recommendations 7, 9-14 and 16-20
33	Staffing and Staff Management	The Trust needs to ensure an effective launch and understanding of the Zero Tolerance policy	Policy launched - done Awareness raising training provided – ongoing		Recommendations 33 and 34 have been considered together The Trust has made good progress in this area. There is in-house violence and aggression training, called REACT. This was a positive development that was felt to have contributed to the significant reduction in the number of violence and aggression incidents reported – down by 50% over the last 12 months. There are concerns regarding staff levels, environment of care and patient mix that raise the risk of violent and aggressive incidents, which are discussed in more detail under Recommendations 26-27
34	Education and training and continuing personal and professional development	Training for violence and aggression needs to be developed.	Training needs analysis completed and REACT trainer in post -	done	
35	Staffing and Staff Management	A formal system for recording and monitoring supervision and appraisals for all staff needs to be introduced.	Pathways to Performance to be launched - Formalise caseload/managerial supervision in the community	done	Recommendations 35 to 38 are being considered together Appraisal systems are in place but are not as good as they should be with only 50% of Service Group staff having a PDP last year.

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			Develop a culture that promotes the importance of clinical supervision in nursing – ongoing	Feb 2004	There is a clinical supervision policy although it was reported that this had not been fully implemented.
36	Education and training and continuing personal and professional development	The Trust should use 'pathways to performance' to develop personal development plans for all staff.	Trust Organisational Development/Human Resource action plan commits to personal development plans for all staff – launched		Many staff reported not having a PDP, appraisal or clinical supervision, although this situation seemed to vary between adult and older people's services. Pathways to Performance was launched in June 2003 but is now being superseded by the Knowledge and Skills Framework. A multi professional development group has been established and it was reported that multi-disciplinary and multi-agency training needs analysis had been undertaken. However it was unclear how this analysis connected with those PDPs that had been produced or whether a training plan had been developed as a result of any of this work
			Pilot implementation within Mental Health Services of 'Pathways to Performance' (CPD framework for all healthcare managers) will strengthen individual performance management development culture	March 2004	
			Strengthened Individual Performance Review process and documentation developed for Mental Health Service pilot Review	Aug 2004	

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37	Education and training and continuing personal and professional development	The Trust needs to continue to develop an effective multidisciplinary training needs analysis to ensure that staff have the skills and knowledge to meet patient needs, national directives and the trust business plan.	'Pathways to Performance' will provide platform for multidisciplinary and multi-agency competence based training needs analysis aligned to phased implementation of Mental Health Service Strategy	by 2003	
			Changes in service model will create opportunities for role redesign that will be based on best practice competency frameworks–	by 2003	
			Engage colleges in multi-professional learning	Aug 2004	
			LLLM to develop competency training plan to underpin role design for new service model	Aug 04	
38	Education and training and continuing personal and professional development	The Trust needs to review the training budget for allied health professionals.	Training needs will be identified via competence frameworks and personal development plans –	By 2008	
			Maximise access to development opportunities through multidisciplinary and multi-agency training plans and via innovative, flexible IT enabled learning	ongoing	

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			Strengthen training partnerships with the voluntary sector and explore EC funding opportunities –	Ongoing	
39	Education and training and continuing personal and professional development	A robust system for monitoring attendance and subsequent recall at all mandatory training needs to be implemented.	Prior to the implementation of the NHS Electronic Staff Record TNA for mandatory training undertaken annually by line managers that satisfies requirement for refresher training	Aug 2004	<p>Recommendations 39 and 40 are being considered together</p> <p>In general staff reported having no difficulties accessing mandatory and other training. There was a mandatory training assessment questionnaire in place to avoid unnecessary duplication of training.</p> <p>The Trust is currently developing the use of e-learning packages to deliver some aspects of training. Systems were in place to monitor attendance at mandatory courses and progress through e-learning packages</p>
			Monitoring system for attendance in place	ongoing	
			Process for notifying line managers of non-attendance under review	Nov 2003	
			Computerised centralised record system under further development	Aug 2004	
40	Education and training and continuing personal and professional development	The Trust needs to monitor the extent to which staff shortages prevent the uptake of training.	Monitoring process in place from April 03 using Safecode clinical risk recording system – done MH		
			Monitoring process implementation to be reviewed and evaluated	By Feb 2004	

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			A unified Trust-wide violence and aggression programme for 'train the trainers' in place and progress monitored through Personal Safety Group	done	
41	Education and training and continuing personal and professional development	The Trust should review the availability of funding and places for Health Care Assistants who wish to train to become nurses.	Take forward in partnership with training provider as currently Trust limited to 1 bursary place per 2 annual cohorts	Feb 2004	There had been opportunities for Health Care Assistants to progress to undertake nurse training, however there was no additional funding other than the 'normal' bursary funding available to support this. Staff did report that they felt supported to undertake formal training.
			Explore alternative career pathways for Health Care Assistants, given disincentive of bursary funding for predominantly mature staff, identifying more flexible part-time training schemes for Mental Health Practitioner role	Aug 2004	
42	Use of information and Strategic capacity	The Trust must take urgent action to provide an information system for mental health which will enable effective collection and dissemination of clinical and performance management data and also facilitate information sharing with other agencies	Procurement process to be concluded (CAMHS included)	Feb 2004	Recommendations 42 and 43 are being considered together There has been some progress with the development of electronic information systems within the Service Group, which at the time of the CHI visit relied on manual collection of information with electronic collation centrally. The PARIS system is now in place in CMHTs, with roll out to inpatients and outpatients planned. Some
			Agreed joint principles of information sharing (Trust and LA)	Aug 2004	

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43	Use of information and Strategic capacity	The mental health service group should consider how to provide clinicians with timely information on performance and clinical outcome to improve the quality of care	Tailor Balanced Scorecard and Performance Management to Mental Health needs	Feb 2004	areas with the system reported needing resources to support data entry tasks. An electronic system to support the CPA was in place in CMHTs, through the IT system shared with Local Authorities, but this was not available to support CPA implementation in inpatient units at the time of HIW's visit. There was little evidence that information on performance and clinical outcomes was available and used to improve practice
			Robust and accurate information to ensure quality driven outcomes		
			Extend clinical audit to include patient experience outside of clinical acute phase – see audit section		
44	Use of information and Strategic capacity	The Trust should collect data on ethnic origin in order to target services appropriately	Ethnic origin to be collected at all client data points	Aug 2005	There has been little progress on this point. The PARIS system which is being rolled out across the Service Group allows for this information to be collected, although it is not a mandatory field for completion. It was reported that a survey had been undertaken but no action was taken in response
			Data collected needs to link with planning structures. (CPA)		
			Explicit policy statement re reasons for information collection	Nov 2003	
45	Use of information and Strategic capacity	The Trust needs to develop protocols for sharing information	Development of Care Pathways	ongoing	Recommendations 45 and 46 are being considered together Draft formal information sharing protocols were prepared following the CHI review but were not progressed as the Trust was awaiting model protocols from the Welsh
46	Use of information and Strategic capacity	The Trust medical records committee, the mental health service group and	See information sharing protocols		

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		local authority social workers should consider ways of addressing the	Project Manager for MHIS to scope current practice	Aug (2004)	Assembly Government. The introduction of CPA and unified assessment and a shared IT system had fostered sharing of information between CMHTs and Local Authorities. However CMHTs and inpatient services use different systems so records would still be separate to some extent
		separation of inpatient and community records and the lack of multi-disciplinary notes	Identification of areas of good practice		
			As part of the review of CMHTs and the introduction of CPA and Unified Assessment proposals for joint records to be agreed.	Sept 2004	
47	Use of information and Strategic capacity	The Trust needs to ensure the provision of training on confidentiality issues.	Multi-agency training at all levels linked to information sharing issues	Aug 2004	Training was reported to be given as part of the induction programme. Staff stated they were aware of confidentiality issues and had dealt with concerns regarding confidentiality of information following the introduction of the CPA