

Cardiff and Vale NHS Trust

HIW Mental Health Review 2006 Action Plan

CHI Action Plan 2003	HIW Findings 2006	Self ass't score	Improvement Actions	By whom	By when	
1	In collaboration with statutory partners the MHSG and CAMHs should consider how provision for adults and adolescents with eating disorders can be met	Some developments in services for adults with bulimia but not anorexia	C: O: U:	See below		
		Business case developed against NICE guidance however this has not been agreed with commissioners.	C: O: U:	Commissioner's response and proposals present Trusts with serious clinical risks – this is currently being discussed between General Managers across South East Region and HCW.	HCW	Sept 07
2	The MHSG should further develop carers groups within MHSOP and consider how to develop groups for adult services	Little progress with mapping of carer groups	C: O: U:	The development of Mental Health strategy with users and carers is underway in collaboration with the Mental Health Development Project benchmarking with best practice sites in England	Head of Nursing (HoN)	April 2008
		No PPI Framework – this makes it difficult to determine how carers and users contribute to service planning and development.	C: O: U:	Mental Health Strategy will feed into the Trust strategy when it is developed	Director of Nursing (DoN)	Open
3	The provision of SALT, physiotherapy, OT and dietetics for MHSOP should be reviewed	Lack of SALT input for vulnerable patients.	C: O: U:	Business case has been developed and approved – therapies services to appoint.		Completed
		Review of therapy services was undertaken which reported current services cannot be maintained without further resources, - none available so as a consequence. Poor provision of Therapy Services in MHSG and particularly MHSOP.		Therapies, mainly OT, are looking at different ways of working to provide a more equitable service	CD Therapies	Open
		There is variable OT input from ward to ward.		See above		
4	The mental health service group should review community services to support service users and ensure their needs are met	There is currently only one gateway worker in place. The appointment of additional workers needs to be considered in order to develop the relationship between the SG and PC	C: O: U:	Secondment arrangements to be put in place for a Primary Care Lead post to supplement the existing Primary Care Liaison Worker post and facilitate the development of gateway workers. Two gateway worker posts are being developed	DoN	Aug 2007

CHI Action Plan 2003		HIW Findings 2006	Self ass'mt score	Improvement Actions	By whom	By when
5	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.	There is some confusion as to whether there was a non exec for PPI	C: O: U:	This has been established with Board approval April 2007.	Completed	
6	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	Trust User Involvement Strategy and PPI work is not well developed (See also Rec 2)	C: O: U:	See Rec 2		
		Unclear whether mental health has adopted the Trust process for engaging stakeholders.	C: O: U:	As response to Rec 2 re: Mental Health Strategy and implementation		
		There is further work to be undertaken in the area of service user inclusion in strategy and the delivery of policy.		As above		
		There is concern about the effectiveness of the stakeholder forum as a means for users and carers to influence developments particularly in relation to customer care training, ethnic diversity, provision of information and service user involvement in care	C: O: U:	As above		
		There are problems communicating service development to service users which sometimes causes confusion.		A bi-monthly progress report is circulated to the Mental Health development project for wider circulation e.g. user and carer forums	Service Group Project Manager	Complete
7	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.	There is no evidence within the policy of any process in place for sharing lessons	C: O: U:	This will form part of Clinical Governance Programme with General Managers now members of Trust Clinical Governance Committee		
		There was evidence that the MHSG were not performing well in respect of complaints handling	C: O: U:	Complaints handling has been reviewed and refined – closer monitoring of responses by General Manager	GM	Complete
		There is little evidence of literature on the inpatient areas	C: O: U:	Complaints literature to be circulated to all inpatient areas. This is part of on-going responsibility of directorate managers Patient Experience Team have written to all DM's and HOD to ensure supplies of leaflets are available. When further supplies of leaflets are required managers contact the PE team for further supplies The Trust is re-looking at availability of patient information leaflets in 2008.	DoN	July 2007

CHI Action Plan 2003		HIW Findings 2006	Self ass'mt score	Improvement Actions	By whom	By when
8	The Trust needs to provide training on the consent policy and its practical application, and undertake an audit of its use.	Staff were unaware of consent form audits being undertaken	C: O: U:	CPA audits undertaken which include patient consent ECT consent form audit to be undertaken The Intention is to improve sharing of lessons learned within Committee work-plans and programs	Lead Cons	Ongoing Dec 2007
9 - 14	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.	No progress has been made to find a lead clinician for clinical risk management.	C: O: U:	There is a lead for Clinical Audit and this will be reviewed as part of review of Clinical Governance protected time sessions in autumn 2007	GM	Oct 2007
		No evidence of a TNA for risk management or assessment	C: O: U:	Every member of clinical staff undertakes risk assessment training as part of CPA –this is not captured in the Trust TNA as it is delivered locally by the CPA Co-ordinator. Records of attendance are kept Identified through liaison psychiatry – EU doing first line assessment	CPA Lead	Ongoing
	The mental health service group needs to identify a lead clinician for clinical risk management	Concern that recording of incidents at night in one ward in St David's had all but ceased.	C: O: U:	Incident reporting procedure re-launched. All staff in St David's have been reminded of their duty to report incidents	CG Fac	Complete
	The incident reporting policy needs to be developed to include both general and serious incident reporting guidance A mechanism for feedback to staff about incidents reported should be developed The Trust should ensure that there is a system to provide feedback to service users and carers about reported incidents A training package for staff on risk management needs to be developed that includes incident reporting and clinical risk assessment	Little evidence generally of staff receiving feedback on the range of incidents reported.	C: O: U:	Monthly summary reports provided and these are discussed at local and ward clinical governance meetings	CG Fac	Complete

CHI Action Plan 2003	HIW Findings 2006	Self ass'mt score	Improvement Actions	By whom	By when	
	Further training on incident reporting is planned but resources for this were limited	C: O: U:	Training provided at mental health induction training and as requested The re-launch of incident reporting procedure and revised incident form – November 07 onwards will provide refresher training to improve reporting	CG Fac	Complete	
15	The Trust should raise awareness of the vulnerable adult policy and its application to inpatients	The Trust has made good progress	C: O: U:	Identified as an area of good practice		Complete
16	<p>The Trust should identify a clinical lead for audit within mental health.</p> <p>The Trust needs to provide clinical audit training on a regular basis for all staff</p> <p>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.</p> <p>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</p> <p>Both Child and Adolescent services and the mental health service group should identify a strategy and action plan for clinical</p>	There is no evidence of a training programme for audit.	C: O: U:	A clinical audit lead has been identified and training organised	Lead Clinician	Complete
		There was no central coordination of a trust wide audit plan or an agreed mechanism for sharing the outcome	C O U	<p>Work underway to develop a revised Clinical Governance Program That will be taken to July 2007 Clinical Governance Committee for agreement and dissemination through service areas. Review of Clinical Governance half day sessions seen as part of this work</p> <p>MHSG is meeting with all audit leads in Oct to agree audit priorities.</p> <p>Audit outcomes are part of the local CG meetings and we will need to decide whether we have a separate learning event or .as part of the Trust review of the Audit protected time</p>	<p>Medical Director</p> <p>GM</p>	

CHI Action Plan 2003	HIW Findings 2006	Self ass't score	Improvement Actions	By whom	By when	
		It was unclear how much multi disciplinary audit was undertaken.	C: O: U:	There will be increased Service Group guidance into clinical audit programmes. These programmes will be reviewed at Service Group Clinical Governance meetings	GM Clinical Audit Lead	
21	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.	Concerns re: the relationship between CAMHs and MHSG	C: O: U:	Regular meetings with senior management attendance has now been established to progress stronger partnership working	CD/ CAMH S GM/ MH	Ongoing
		There was tension around the transition between 16 to 18 year old patients. The two areas need to ensure clarity of processes.	C O U	See above – requires resolution on a more strategic level as WAG Policy. However work will continue locally on transition protocol and individual cases.		
22	. The mental health service group should review the role of the CNLs across all directorates	.Good progress	C: O: U:			Complete
23	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	Good progress	C: O: U:			Complete
24	The Trust should review its mechanisms for dissemination of new policies, training for their implementation and audit to evaluate their effectiveness.	Good progress	C: O: U:			Complete
25	The mental health service group must take urgent action to address the high level of consultant vacancies and locum consultants	There is no permanent consultant for low secure	C: O: U:	Low Secure Services have a one permanent consultant and one long term locum who is working towards Certification while in the post.	GM	Sept 07

CHI Action Plan 2003	HIW Findings 2006	Self ass't score	Improvement Actions	By whom	By when
	Need for two consultants in MHSOP identified but not funded due to lack of RCP approval Not sure whether this is a point for action?		Business cases have been approved and recruitment is underway.	CD	July 2007
	It was reported that the Trust are to appoint an associate Medical Director for mental health (may be completed by now)		AMD appointed for mental health		Complete
26 - 27	The mental health service group should take urgent action to ensure that wards are not left without qualified nurses at night The mental health service group needs to urgently review nursing establishments and skill mix within all directorates of mental health to ensure safe nursing numbers on all shifts.	C: O: U:	Current review of nursing establishments is being undertaken and compared with medicine service group establishments. Some additional resource has been allocated to MH Services. This includes the area raised as a concern	HoN	Complete
	On one of the wards at Whitchurch the layout and current night staffing levels meant that staff were working alone to ensure all areas were observed. There were no alarm systems in place.	C: O: U:	Personal alarms ordered for all staff In the new build there will be alarm call points throughout the building.	Compl ete	June 2007 2010
28 - 29	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 The allocation of allied health professionals to the mental health service group and child and adolescent mental health services needs to be reviewed	C: O: U:	See action point 3		

CHI Action Plan 2003		HIW Findings 2006	Self ass'mt score	Improvement Actions	By whom	By when
30	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.	Good progress	C: O: U:			Complete
31	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	Good progress	C: O: U:			Complete
32	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 as a tool for changing practice.	The SG has not developed its own Organisational Development Plan	C: O: U:	The Service Group developed a service development plan to describe the various OD initiatives underway in supporting the Vision for new services. As part of the Trust HR Strategy the Service Group is developing further team working with Aston University	HRM GM	Complete
33 - 34	The Trust needs to ensure an effective launch and understanding of the Zero Tolerance policy Training for violence and aggression needs to be developed.	There are concerns about staffing levels, environment of care and patient mix that raise the risk of violent and aggressive incidents (see 26 & 27)	C: O: U:	Currently involved in the National Audit of Violence, which includes one ward at St David's. Specific training in REACT for MHSOP staff is underway. MHSOP services are being reconfigured to address concerns re frail / challenging behaviour clients on the same wards.	GM	Ongoing
35 - 38	A formal system for recording and monitoring supervision and appraisals for all staff needs to be introduced. The Trust should use 'pathways to performance' to develop personal development plans for all staff.	Only 50% of service staff had a PDP	C: O: U:	PDP's being developed with all staff to meet KSF requirements	All Manag ers	Ongoing
		The clinical supervision policy has not been fully implemented	C: O: U:	Clinical supervision audit of nursing staff undertaken. Specific training days being arranged for community and inpatient staff to develop action plans for each area.	HoN	Nov 2007

CHI Action Plan 2003		HIW Findings 2006	Self ass'mt score	Improvement Actions	By whom	By when
		Many staff said they had no PDP, appraisal or clinical supervision	C: O: U:	See above		
		A 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	C: O: U:	Multi professional and multi agency training is currently being established with courses running later this year – this has been influenced by the needs of the service and the needs of the staff	HoN	ongoing
39 - 40	A robust system for monitoring attendance and subsequent recall at all mandatory training needs to be implemented The Trust needs to monitor the extent to which staff shortages prevent the uptake of training.	Good progress	C: O: U:			Complete
41	The Trust should review the availability of funding and places for Health Care Assistants who wish to train to become nurses.	There is no evidence of anything but the normal bursary available.	C: O: U:	These bursaries are WAG funded and not in the Trusts gift. There are no plans to increase the number of busaries.	ND HoN	
42 - 43	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 The mental health service group should consider how to provide clinicians with timely information on performance and	The Paris System is now in place in CMHT's, with roll out to inpatients and outpatients planned	C: O: U:	Full roll out to Community and in patient areas to be completed by Sept 07.	GM	Oct 2007
		Some areas reported requiring resources to support data entry tasks.	C: O: U:	Issues resolving as staff become familiar with the system	GM	Complete
		An electronic system to support the CPA was in place in CMHTs, but not available to support CPA implementation in inpatient units at the time of HIW's visit.	C: O: U:	Full roll out to Community and in patient areas to be completed	GM	Oct 2007
8/10						

CHI Action Plan 2003	HIW Findings 2006	Self ass't score	Improvement Actions	By whom	By when	
44	The Trust should collect data on ethnic origin in order to target services appropriately	Paris allows this information to be collected but there has been little progress	C: O: U:	Ongoing discussions to improve information collection on performance and clinical outcomes. HONOS is part of the PARIS system but resources not available for input. This issue has been taken to Trust-wide group looking at data quality	GM	Ongoing
		The (Count Me In) Survey had been undertaken but no action was taken.	C: O: U:	This has been identified in the Service Group Equality Action Plan. Staff requested to complete this field However it is not mandatory – will be picked up as part of data quality monitoring.	GM	Ongoing
				This will be considered as part of the Equality Action Plan.	HoN	Sept 2007
45 - 46	The Trust needs to develop protocols for sharing information The Trust medical records committee, the mental health service group and local authority social workers should consider ways of addressing the separation of inpatient and community records and the lack of multi-disciplinary notes	Draft information sharing protocols were produced but not progressed as model WAG protocols were awaited.	C: O: U:	WAG and overarching Trust protocol required	Corporate services	
		CMHT and Inpatient services use different systems so records are still separate	C: O: U:	Full roll out of PARIS to Community and in patient areas to be completed. Issue of paper records to be taken to Medical Records Committee.	Paris manager	Sept.2007
47	The Trust needs to ensure the provision of training on confidentiality issues.	Good progress				Complete

Additional points of concern

CHI Action Plan 2003	HIW Findings 2006	Self ass't score	Improvement Actions	By whom	By when

CHI Action Plan 2003	HIW Findings 2006	Self ass'mt score	Improvement Actions	By whom	By when
Not applicable	The wards for elderly patients at Whitchurch Hospital are not fit for purpose being old fashioned and institutional.	C: O: U:	Purpose designed wards for elderly patients to be included as part of the capital schemes – Llandough Assessment Unit and Iorwerth Jones Unit – replacing all older peoples wards at Whitchurch. The SG and Directorate are taking forward issues relating to dignity and care through Dementia Care Mapping and Fundamentals of Care Audits. Monitoring is in place – auditing wards to take to Executive meeting in New Year	GM	2008 - 2011
Not applicable	Ward East 2A at Whitchurch Hospital, given current night staffing levels, design of ward and lack of alarms does not always provide a safe environment of care.	C: O: U:	Personal alarms ordered for all staff In the new build there will be alarm call points throughout the building.	Project Manager	June 2007 2010
Not applicable	The layout of Ward W2A at Whitchurch Hospital means that female patients have to walk through the male dormitory to access their dormitory and bathroom and hence dignity of care requirements are not being fully met.	C: O: U:	Completion design work to refurbish Ward East 1 as a more appropriate ground floor environment for West 2A service users. Transfer patients to East 1 upgraded environment	GM	Sept. 2007
Not applicable	A shortage of suitable beds within the local health and social care community for older people with mental health problems is resulting in high levels of delayed transfers of care.	C: O: U:	The Trust along with other partner organizations continues to work toward the resolution of DTOC's at Chief Executive and Operational level.		
Not applicable	Whilst the Mental Health Service Group is now better integrated into and engaged with formal Trust structures there did seem to be compartmentalisation between sites and areas of service within the Group.	C: O: U:	The directorate structure/site issues exist in the Trust. Directorates meet regularly and the Service Group Management Team meets each month to coordinate issues. Service Group is more integrated than it was and continues integration with maturity of systems/ processes		
Not applicable	Liaison between mental health and acute services needs strengthening, as there can be problems in addressing the physical health needs of mentally ill patients and the psychiatric needs of patients being treated in acute settings.	C: O: U:	There is a regular meeting between Medicine and Mental Health. This originally included older people's services and has now been extended to include adults. It has resulted in the establishment of Liaison Post for Older People (x2) and Addiction Services(x1). However there continue to be gaps in provision	GM's MH and Med.	Ongoing