

# **ACTION PLAN FOR: SUI/0211/05**

**PATIENT NAME:** ■■■

**DATE: 5 September 2006**

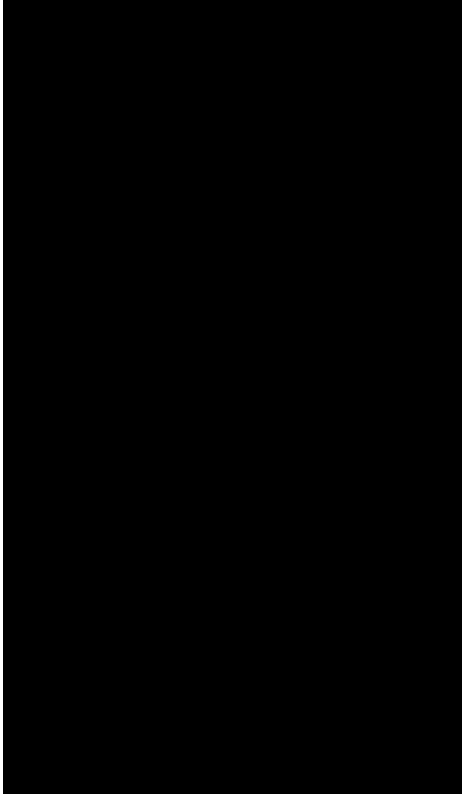
ISSUES/ RECOMMENDATIONS IDENTIFIED	PROPOSED ACTION	LOCAL OR TRUSTWIDE ACTION REQUIRED	EXPECTED OUTCOME	PERSON RESPONSIBLE	REVIEW DATE	DATE FINISHED	EVIDENCE
1. Substance misuse staff must be able to access information held on CareBase and mental health staff must be able to access information held on Poppie/Miriam.	Explore the opportunities for all teams Trust wide to have equal "read-only" access to CareBase and Poppie (hence enabling all drug & alcohol teams to view CareBase and all CMHTs/inpatient units to view Poppie). Associate Director of IM&T to look at feasibility and cost implications.	Trust wide	Improved communication and sharing of information between agencies about service users.	Associate Director IM&T	Dec 2007	11 Jan 2007	Email to Consultants and Area medical Directors.
	Explore the opportunities for introducing a full interface between CareBase and Poppie. Associate Director of IM&T to look at feasibility and cost implications.			Associate Director IM&T			Revised Heath & Social Care Written records policy
	A review of the Trust's CareBase Policy in order to state that data entries (onto CareBase or Poppie) are entered within 24 hours of the event.		For the CareBase Policy to be reviewed and amended to include a time for entering data onto CareBase/ Poppie..	Associate Director IM&T	Jan 2007	Jan 2007	Revised CareBase policy

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2. Written health and social care records must not be held in one service when they are needed for another, and should be retained by medical staff for a maximum of 15 days after discharge of the service user from inpatient care.	All discharge summaries to be dictated by the junior doctor, typed and distributed to all those involved with the service user, within 10 working days of the service user's discharge from the inpatient unit. Medical Director to reinforce to the medics the importance of the timescales of dictating discharge summaries.	Trust wide	For guidance to be produced outlining the medics role in meeting deadlines, thus enabling continuity of care in the community following an inpatient episode.	Medical Director	Dec 2006	Jan 2007	Guidance for junior doctors on the dictating of discharge summaries.
	To review the Trust's Health & Social Care Records Policy to ensure that the main health & social care record is returned to the care co-ordinator within 10 working days of the service user being discharged from the inpatient unit.		For the Health & Social Care Records Policy to be reviewed to include that inpatient staff return the health & social care record within the specified timeframe.	Associate Director IM&T		Jan 2007	Review of the Health & Social Care Records Policy
3. Care co-ordinators must copy relevant notes into subsidiary files as needed.	Ensure that staff are made aware of the importance of distributing relevant notes (as stated in the Health & Social Care Records Policy) to those holding a subsidiary file and this to be reinforced through training.	Trust wide	Raise staff awareness and improve understanding of the need to copy relevant notes to those holding a subsidiary file. involved	Health & Social Care Records Lead	Sept 2006	Jan 2007	Team Meeting minutes  Health & Social Care Records Policy

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<p>4. Care co-ordinators must take seriously their responsibility to maintain records in good condition</p> <p>All staff who have the responsibility for handling health and social care records must ensure that they are maintained in a good condition, as clearly laid out in the Health &amp; Social Care Records Policy.</p>	<p>Ensure staff are aware of their responsibility to maintain the health &amp; social care record in a good condition. Director of Operations to reinforce to the Area Associate Directors to cascade to all staff the importance of maintaining records in good condition.</p>	Trust wide	Operational management to adhere to maintaining records in good condition as set out in the current Health & Social Care Records Policy.	<p>Health &amp; Social Care Records Lead</p> <p>Director of Operations</p> <p>Medical Director</p>	Sept 2006	Sept 2006	<p>Team meeting minutes</p> <p>Health &amp; Social Care Records audit.</p>
<p>5. Risk assessment should be a cumulative process, with risks identified in earlier assessments always being considered even if they be then disregarded at that time. This should be emphasised in CPA training.</p>	<p>Ensure staff are fully aware of the content of the Clinical Risk Management Protocol which should be reinforced through CPA/Clinical Risk Management training &amp; CareBase training.</p>	Trust wide	<p>Risk assessments are entered electronically onto CareBase and/or Poppie so they maybe shared Trust wide by all those involved with the service user.</p>	<p>Director of Operations</p> <p>Clinical Risk Manager</p> <p>IM&amp;T Training Co-ordinator</p>	Sept 2006	Ongoing	<p>Team meeting minutes</p> <p>Health &amp; Social Care Records audit.</p>
<p>6. Fewer risk assessments and more risk management plans would be useful in caring for at-risk patients. All changes to the risk management plan/care plan must be communicated to all practitioners involved.</p>	<p>Action as above will also cover this recommendation.</p>	Trust wide	As above.	<p>Director of Operations</p> <p>Clinical Risk Manager</p> <p>IM&amp;T Training Co-ordinator</p>	Sept 2006	Ongoing	<p>Team meeting minutes</p> <p>CPA &amp; Health &amp; Social Care Records audit.</p>

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7. Practitioners from different services should be firmly encouraged to actively work together in caring for people with multiple problems, via regular multi-agency attendance at CPA reviews and discussions.	<p>Ensure staff are aware that multi-agency CPA reviews must take place at least every 6 months, as clearly set out in the CPA policy and this to be reinforced through CPA/Clinical Risk Training.</p> <p>To include a provision in the review of the CPA Policy to say for those service users seen within the drug and alcohol service, a CPA review should take place at least every 6 months and when a review is not possible, a professionals meeting should be convened.</p> <p>Consideration needs to be given to whether the consultant is the care co-ordinator when a service user in on enhanced CPA.</p>	Trust wide	For the CPA Policy to be reviewed and an inclusion added to enable staff to hold multi-professionals meetings with regard to difficult cases.	<p>Director of Operations</p> <p>Clinical Risk Manager</p> <p>CPA Lead</p>	<p>Sept 2006</p> <p>Jan 2007</p>	Jan 2007	<p>Team meeting minutes</p> <p>Revised CPA Policy</p>

**CASE CONFERENCE ATTENDEES:**



**Director of Operations**  
**Area Team Manager, West Essex CDAT**  
**CRHT Team Central**  
**Acting Service Manager, Mid Essex**  
**Acting Team Manager, Changes CDAT**  
**Team Manager, Braintree CMHT**  
**Social Worker, Braintree CMHT**  
**Associate Director IM&T**  
**Changes CDAT**  
**NEMHPT**  
**Associate Director, Harlow/Specialist Services**  
**Area Team Manager, NEEDAS**  
**Clinical Risk Manager**  
**CPA/SAP Co-ordinator**

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