

# **Action Plan Independent Investigation SI 2014/29544**

<b>Recommendation No 1</b>		There is an impediment to multi-agency working reported to our team concerning the difficulty that external agencies experience when trying to communicate with Trust employees whose contact details will not be disclosed by the Trust switchboard for reasons of confidentiality. We recommend that the Trust develop a means to remedy this important obstacle to inter-agency communication.				
<b>Trust Executive Lead</b>		<b>Director of Nursing and Quality</b>				
<b>Planned Action</b>	<b>Start Date</b>	<b>Finish Date</b>	<b>Action Owner</b>	<b>Lead Owner</b>	<b>Outcome/Target</b>	<b>Supporting evidence</b>
A review of relevant legislation, information governance standards and Trust policies and practices will be undertaken to inform the development of a new protocol for switchboard staff to follow to facilitate inter-agency communication, to be approved by the Caldicott Guardian.	3/08/16	31/12/16	Head of Compliance/ Head of Estates and Facilities	Director of Operations	Operationalise new protocol.	Protocol. Meeting minutes to show dissemination Communication to partner agencies describing the new arrangements.
The protocol will be expanded to include guidance to all staff on how contact details should be made available. This will include guidance on the use of email signatures and contingency arrangements for out of office replies.	3/08/16	31/12/16	Head of Compliance	Director of Operations	Operationalise new protocol.	Protocol. Trust wide communication and dissemination of protocol.
The Trust will review the contact information publicised on its website and other key pieces of documentation to ensure that it facilitates ease of access and supports multi-agency working.	12/10/16	31/12/16	Head of Communications	Director of Corporate Services	Improved access information.	The website is updated regularly and contains as much contact information as is feasible. We also prominently display the switchboard number on all of our pages, along with

						those of the PALS team, Out of Hours numbers and others. Contact details for all teams are available. When out of date information is reported to us, we amend it as soon as possible. We will continue to monitor the effectiveness of our website through a wide range of communications methods.
<p>A review of the effectiveness of the new protocol and access information will be conducted including:</p> <ul style="list-style-type: none"> <li>• Surveillance of complaints/PALS feedback relating to access</li> <li>• Survey of multi-agency partners to test access ease.</li> </ul>	01/01/17	31/03/17	Associate Director of Statutory Delivery	Director of Nursing and Quality	Feedback on effectiveness of new access arrangements.	Survey feedback and results of surveillance monitoring.

<b>Recommendation No 2</b>		The Personality Disordered Offender Pathway is clear and is operating effectively in Swindon. However, there appears to be a gap in provision for people with Personality Disorder who are not so severe that they meet criteria for inclusion because, like X, they are generally too complex to be managed in primary care and/or their symptoms fail to meet criteria for treatment by the EIS, PCLS, Recovery or Crisis teams whose focus is predominantly upon psychosis. We recommend that the Trust consult on, and identify ways to remedy the gap in provision of an effective needs-based care pathway for such patients, and communicate effectively to all potential stakeholders to whom and how they may refer.				
<b>Trust Executive Lead</b>		Director of Operations				
<b>Planned Action</b>	<b>Start Date</b>	<b>Finish Date</b>	<b>Action Owner</b>	<b>Lead Owner</b>	<b>Outcome/Target</b>	<b>Supporting evidence</b>
This recommendation compliments the work the Trust is already doing. A Personality Disorder Strategy has been drafted and sets out a pyramid of recommended interventions covering both primary and secondary care services.	01/04/16	31/12/16	Trust Personality Disorder Lead	Director of Operations	Personality Disorder Strategy.	Approved strategy.  CCG agreement of pathways.
The Trust is working with each of its Clinical Commissioning Groups to agree and develop the pathways in all areas.	01/04/16	31/12/16	Trust Personality Disorder Lead	Director of Operations	New pathways implemented in all CCG areas.	CCG agreement of pathways.
The Strategy will include a range of metrics that will be monitored and reported on to demonstrate its effectiveness.	01/01/17	31/03/17	Trust Personality Disorder Lead	Medical Director	Report on metrics described in Strategy to demonstrate effectiveness.	Performance against metrics.  Report on Strategy's effectiveness.

<b>Recommendation No 3</b>		We are concerned that staff working in general mental health services who find themselves with responsibility for patients with personality disorder may not have sufficient training or support to deliver the most effective care. We therefore recommend that work is undertaken to provide training, consistent with the NICE 2009 guideline, and advice contained in the 2015 DPD Strategy, to raise awareness and reduce risks that staff and/or patients are vulnerable to errors, miscommunications and isolation, and to ensure that they know to whom such patients may be referred.				
<b>Trust Executive Lead</b>		<b>Director of Nursing and Quality</b>				
<b>Planned Action</b>	<b>Start Date</b>	<b>Finish Date</b>	<b>Action Owner</b>	<b>Lead Owner</b>	<b>Outcome/Target</b>	<b>Supporting evidence</b>
<p>A Personality Disorder training pathway was developed and made available to AWP staff during 2012. This was designed to offer training options through a progressive continuum depending on an individual's current knowledge as well as a range of skills required within teams to support best practice aligning to NICE guidelines. Current training opportunities are:</p> <ul style="list-style-type: none"> <li>• Rough guide to working with people with a diagnosis of Personality Disorder</li> <li>• Working effectively with Personality Disorder, the Knowledge and Understanding Framework</li> <li>• Dialectical Behavioural</li> </ul>	01/10/15	31/03/16	Head of Learning and Development	Learning and Development Specialist	Revised training needs analysis for clinical staff, supported by refreshed learning programme	Course materials. Attendance records

<p>The Personality Disorder training provision is currently under review by the newly established Personality Disorder Clinical Network as well as a key priority of the Personality Disorder Strategy. A number of gaps in training have been identified and work is under way to address these.</p>						
<p>The Strategy will include metrics relating to training so that the effectiveness of training can be evaluated and inform future development. The full implementation of the training plan will take 3 years.</p>	01/01/17	31/03/17	Trust Personality Disorder Lead/ Head of Learning and Development	Medical Director	Report on metrics described in Strategy to demonstrate effectiveness.	<p>Performance against metrics.</p> <p>Include information on the effectiveness of the training provision as part of the strategy review.</p>

<b>Recommendation No 4</b>		Whilst access to psychiatric cover by the Early Intervention Service (EIS) in an emergency is now provided (as at the time of the index offence) by consultants working in other teams or, depending on where the patient is registered, by the patient's own consultant, consideration should be given to the provision of dedicated consultant time in this specialized area.				
<b>Trust Executive Lead</b>		Medical Director				
<b>Planned Action</b>	<b>Start Date</b>	<b>Finish Date</b>	<b>Action Owner</b>	<b>Lead Owner</b>	<b>Outcome/Target</b>	<b>Supporting evidence</b>
The Trust will work with its commissioners to agree the structure for a review of medical staffing for EI services throughout the Trust and agree the necessary infrastructure to implement this recommendation. This review will include consideration of the relevant NICE guidance as well as the opportunities provided by the Five Year Forward View in mental health services.	15/09/16	31/03/17	Medical Director/ Head of HR	Medical Director	Improve the level of medical input to Early Intervention Services.	New staffing structure agreed with Commissioners

<b>Recommendation No 5</b>		To ensure that the above recommendations are considered and implemented, we recommend that Swindon Clinical Commissioning Group in partnership with the Trust (the provider) undertake an assurance follow up and review of progress, six months after our report is published.				
<b>Trust Executive Lead</b>		<b>Director of Nursing and Quality</b>				
<b>Planned Action</b>	<b>Start Date</b>	<b>Finish Date</b>	<b>Action Owner</b>	<b>Lead Owner</b>	<b>Outcome/Target</b>	<b>Supporting evidence</b>
Implement meetings with the Swindon Commissioner for bi-monthly reviews of progress, with an outcome report provided to Swindon Commissioners and additionally considered by the Quality Sub Group.	01/11/16	31/03/17	Clinical Director, Swindon	Director of Nursing and Quality	Demonstrable change as a result of implementation resulting in improved care for this important client group.	Finalised action plan and outcome report