

enabling and empowering people to reach their potential and live fulfilling lives

Summary Report – Trust Board (Part 1)	Date and time: 26th September - 10.00am
Report Title:	
Care Programme Approach (CPA) Review of progress	
Agenda Item: 16	Enclosures: None
Sponsor & Presenter: Andy Sylvester, Executive Director of Operations	
Report Author: Emma Adams, General Manager - Operations	
Report discussed previously at:	n/a

Purpose of Report and Action Required		
<p>To brief the Board on progress being made to improve the Trust's CPA performance, and related service improvement, across all clinical areas and in particular, the Adult Acute Community SBU (Objective 7 – Fit for the Future Implementation plan April 2012 to September 2012).</p>	Approval	
	Discussion	
	Information	*

Executive Summary of Key Issues
<p>Improvement of CPA management is a key objective within the Fit for the Future plan. This paper outlines management action to demonstrate appropriate reporting of CPA and increased compliance of CPA where clinically indicated.</p>

The Strategic Objective that this paper addresses	
A sustainable value for money business	N
Excellent service user access and experience	Y
Excellent partnership working with other organisations	N
Effective engagement and improvement in staff satisfaction	N

Links to Fit for the Future Implementation Plan	
<i>Specify Objective numbers</i>	Objective No. 7 and Action No. 25 in October 2012 to October 2013 Implementation plan

Corporate Impact Assessment		
Improvement in CPA performance directly impacts on		
Report for Avon and Wiltshire Mental Health Partnership NHS Trust Board – 2012-09-26		
In the PART 1 Session, sponsored by the Operations Director		
Agenda Item: 16	Serial: 12.0678	Page 1 of 5

CPA Review of Progress

Quality and Safety Implications	quality and safety across all services.
FGEB (Trust ALE replacement)	N/A
Equality Impact Analysis	N/A

Recommendations for other Committees

None

Recommendations/Decisions

The Board is recommended to **note** the report.

1. Overview

1.1. The Trust has reinforced, through its Fit for the Future Plan, that clinical staff will improve application of CPA across all clinical areas and, in particular, the Adult Acute Community Strategic Business Unit. In March and May 2012, the Trust received presentations around CPA performance, current service improvements relating to supervision, and quality initiatives such as caseload profiling. This report provides an update on these issues as required in action 25 of the Fit for the Future Plan (Demonstrating sustainable improvement in CPA).

2. Analysis and discussion

2.1. There are two main targets relating to CPA which affect the Trust's scorecard. These are:

Indicator	Description	2012/13 Target	Q1 performance
2.2.16	% taken onto caseload with a named care co-ordinator, an agreed care plan, assigned CPA level and care cluster allocated within 4 weeks of assessment – No. of areas at locally agreed standard	0	6 (RED)
2.2.17	% of service users reviewed where the review was timely and a care plan created or updated within 4 weeks of review	98%	92% (RED)

2.2. The following table shows progress over the last four months in each PCT area for the above targets:

2.2.16	M1	M2	M3	M4	Progress over 4 months
B&NES	92%	96%	93%	92%	↔
Bristol	67%	63%	63%	70%	↑
N Somerset	85%	84%	89%	91%	↑
S Gloucestershire	92%	88%	89%	91%	↓
Swindon	35%	55%	68%	80%	↑
Wiltshire	93%	93%	90%	85%	↓

2.2.17	M1	M2	M3	M4	Progress over 4 months
B&NES	80%	84%	94%	96%	↑
Bristol	76%	78%	89%	91%	↑
N Somerset	88%	91%	96%	97%	↑
S Gloucestershire	87%	88%	92%	95%	↑
Swindon	75%	75%	87%	88%	↑
Wiltshire	89%	91%	95%	96%	↑

2.3. The redesign of community services has affected performance in some areas, although most areas are now showing an upward trend against target following joint work across Primary Care Liaison teams and Recovery teams. It should

also be noted that, for some SBUs, the way in which performance is measured can affect overall figures (for example, teams with very small numbers will show poor performance against a 2% tolerance against target).

2.4. In addition, the Liaison and Later Life SBU is looking to remove services which should predominantly have non-CPA caseloads (such as memory) from performance figures.

3. Actions taken to improve CPA management

3.1. Trust-wide there is considerable work being undertaken to improve the delivery of CPA. The CPA and Risk policy is currently being updated to include changes which have been brought about by the implementation of the Primary Care Liaison service. These changes will be taken through the Trust's governance structure in October.

3.2. In addition, the Trust-wide CPA training is currently undergoing a large scale review including co-design with service users and carers. The revised training will be more focused on following the CPA process from start to finish and will include an assessment of competency in practice for all grades of clinically-facing staff (Bands 2 to 7). This will be mandatory.

3.3. A governance structure already exists within the Trust to monitor CPA standards across operational services. Each SBU has a quarterly performance review with the Chief Executive. Monthly performance meetings are held by the Operations Directorate and a monthly clinical review is carried out in the Clinical Systems Group. SBU quality and management meetings also scrutinise performance and quality, supplemented by local meetings which also address these issues. The Trust also meets regularly with its Commissioners to discuss quality and performance.

3.4. Within SBUs there are specific approaches being adopted to target performance in this area, ranging from regular management oversight of performance to targeted support for teams and individuals, reviews of caseloads and regular audits. Although SDAS do not formally engage in CPA, the service adheres to the CPA principles and processes around care planning, and has formal systems in place for monitoring the quality and completion of care plans. The SBU has also stipulated to staff that reviews on service users should be carried out 12-weekly, as part of the move to provide a more recovery-orientated service.

3.5. In the Adult Acute Community SBU, where performance against CPA management targets was highlighted through the recent Care Quality Commission inspection, a series of actions have been undertaken to establish assurance processes to improve the safety and quality of service. These actions are detailed within the Assurance reports taken to the Quality and Safety Committee on 4th. In summary, these actions are:

CPA Review of Progress

- Implementation of Caseload Assurance process and Caseload Profiling tools
- Stronger management and clinical supervision, including caseload profiling and monitoring against standards
- All teams are undertaking team based training on care planning, including collaboration, involvement of relatives
- Establishing training pathways for each new clinical role, including the development of clinical skills and working in partnership with service users and their families
- Carrying out patient safety visits across teams
- Ensure that each service user in the Intensive service has a key worker
- Ensure that crisis plans detail service user and carer views of support and actions required in a crisis
- Ensure that contingency plans detail the service response to a deterioration in service users mental health or their disengagement from the service
- As part of supervision team manager/senior practitioner will scrutinise a number of RiO clinical records, using the scrutiny template. This will be recorded as part of the supervision record including any actions required.
- Clinical Development Leads will review the quality of clinical records for a number of individual practitioners, as part of their focus on supervision processes, during their monthly team development visits. Any development work for individual practitioners will be picked up by the CDL. A record of visits will be copied to the area manager and SMT.

3.6. In addition, clinicians have been carrying out a general review of key performance indicators as to their clinical appropriateness. The original intention of 2.2.16 (detailed above) was to monitor the timely delivery of key elements of CPA as service users were picked up by secondary care. With a greater emphasis on working in primary care as part of the recently implemented Primary Care Liaison Service (PCLS), we have suggested to Commissioners that this indicator's current construction needs revision – particularly where a service user is picked up in PCLS and following brief intervention is passed back to the GP (therefore, not making it into secondary 'CPA' aligned care). At present, those service users would be counted in the denominator for 2.2.16. Initial indications are that the Commissioners consider this to be an acceptable adjustment.

3.7. Further work will also be taking place across the Trust to provide additional support and training in care planning and the use of the Care Plan Library on RiO. This should improve practice and aid recording of compliance against CPA standards.

4. Conclusion

4.1. The Trust is continuing to make steady progress around CPA management through a range of service improvement and quality initiatives. As the redesign of community services settles down, it is expected that the upward trend against targets should improve.

5. Recommendation

5.1. The Board is recommended to note this report.