

SC/WA ACTION PLAN

Recommended Action	Current Position	Further Actions Required	By Whom	By When	Notes on Attainment at next review
CPA & Risk Assessment					
7.1 CPA process must ensure clarity around what to do when patients start to disengage from services.	The new policy and CPA guidance does include action to take when patient starts to disengage. Difficult to Engage policy (CP29) and Non Compliance policy (CP28) have been introduced across the Trust.	Ongoing directorate CPA audit process is in place, Non Attendance policy (CP28) monitored via Trust Audit and Performance Group.	LS/DW. CPA Policy Group	2006	Completed – ongoing via audit cycle.
7.2 The Risk Assessment process and risk recording needs to be more dynamic and information needs to be added so that early historical information is not lost.	The risk assessment process has been updated since 2004; current Risk Management Strategy (CP32) formats comply with a more iterative approach to ongoing risk assessment. 1000 staff have attended assessment and risk taking training course in last 2 years – guidance booklet developed.	Trust wide group has been set up to respond to DOH risk management board “best practice in management of risk”.	MC/LS/FP	June 2008	Work in progress – monitor via Trust audit process and Trust Wide Risk Working Group ongoing first review July 2008, recommendations will be fed into Trust Policy.

Mental Health Act					
7.3 Consideration of S25a be documented in all cases of patients with severe mental illness during an inpatient period of detention if they have a history of disengaging.	The Trust CPA policy clarifies use of supervision register. Aftercare, 117 and Supervision policy and Section 25a policy are in place in the Trust.	Review S25a policy in light of recommendation refer to code of practice for further guidance and raise awareness of policies.	LS CPA policy Group	March 2008	Review date April 2008.
7.4 Discharge of S25a should only occur after extensive consultation.	The RMO Discharge; in the absence this legal responsibility is delegated to a substitute.	Consideration of delegated power should take into account whether appropriate to carry out legal duty – raise awareness of this at Medical Committee and MHA Committee.	CS/LS	Jan 2008	Work in progress – review date Feb 2008.
Relapsing Patient					
7.5 All professionals be made aware of the prevailing guidance of assessing long term patients under the MHA in order to prevent serious relapse.	MH Commission guidance 'the deteriorating patient'. Non-compliance policy should trigger CPA review.	Wider recognition via ASW forums and MHA Committee.	ND/LS	Feb 2008	Review date March 2008.
Private Psychotherapy					
7.6 Where private therapist involved, professionals should	Good practice guidance. Information sharing	Review the need for a trust wide specific policy on external	KG/DW	March 2008.	Work in progress. Review date April 2008.

seek regular updates and share risk as a matter of routine.	policy in place. Interagency policy on management of service user information (CP12.1).	psychotherapy and treatment.			
Assertive Outreach Team					
7.7 Input from Assertive Outreach Team be considered and recorded where patients with serious mental illness start to disengage.	'Non Attendance' policy (CP28) and 'Difficult to Engage' policy (CP29) in place.	Review CP28 and CP29 policies with reference to Assertive Outreach Team and new ways of working referral and input.	SK/AOT collaborative.	March 2008	April 2008