

## Action Plan for CNTW response to the recommendations Independent and CQC reports into the care and treatment of VC and NHFT – April 2025

### Appendix 1

	Theme	Action	Lead	Update on Status of Actions Taken and Improvements Identified for future
1.	Care Delivery providing effective evidence based and safe care to those with severe mental illness	<ul style="list-style-type: none"> <li>• Ensure assertive engagement and intensive case management of those with severe mental illness</li> <li>• Delivery of evidence-based treatments</li> <li>• Progress moving away from CPA</li> </ul>	Group Director	<p>Intensive and Assertive Management Identification of the cohort requiring assertive management completed.</p> <p>Review of their care in localities over the next 3 - 6 months. Policies and guidance to support disengagement in place.</p> <p><b><u>Evidence Based Treatment</u></b></p> <p><b>Pharmacological</b></p> <p>Recruitment for non-invasive blood testing initiated to monitor Clozapine in community team to provide community Clozapine service to be completed in 6 months along with clinical governance protocols to support. Estates work to expand community pharmacy to support a wider roll out of the service and include other treatment in 2026.</p> <p><b>Psychological</b></p> <p>Analysis of skills and capacity complete and plans to improve capacity in teams over the next 12 months. Brief evidence based psychological interventions rolled out in most community teams.</p>

				<p><b>Moving Away from CPA</b></p> <p>Operating framework for Key Worker role and MDT responsibilities in decision making completed.</p> <p>To be tested out in two pilot areas in the Trust commencing in Cumbria, Northumberland in June 2025.</p>
2.	Risk assessment and management	<ul style="list-style-type: none"> <li>• Review of current clinical risk assessment and management process</li> <li>• Review appropriateness of risk of harm approaches</li> <li>• Multiagency risk management arrangements</li> </ul>	Group Medical Director, Associate Medical Director and Deputy Director of Safer Care	<p><b>Risk Assessment</b></p> <p>On 8 April 2024, the Trust launched a new biopsychosocial risk assessment framework linked to safety planning across all services. This new biopsychosocial risk framework now highlights the need for staff to consider future changes which may affect a patient's risk assessment and is therefore dynamic in its approach.</p> <p>Policies, and relevant training have been implemented and new documentation to support recording has been developed in our RIO electronic patient care record. This includes close attention to safety planning and involvement of family and carers.</p> <p>There is ongoing work to assess the quality of the documentation and further work to focusing on the appropriateness of the risk of harm approaches.</p> <p><b>Multiagency risk management arrangements</b></p> <p>The Trust actively contributes to statutory and non- statutory safeguarding and public protection arrangements including MARAC, MAPPA and Prevent. We have a centralised safeguarding and public protection team who provide advice and</p>

				<p>supervision for clinical teams in safeguarding our patients and others.</p> <p>We have a Police liaison clinical lead who works with Police forces across the Trust footprint to supporting joint working on individual cases and assists in developing joint procedures, guidance and opportunities for reflection and learning.</p> <p>Clinical teams also co-ordinate and attend multiagency meetings for cases where there is complexity and benefits from a multi-agency approach.</p>
3.	Family and carer engagement	<ul style="list-style-type: none"> <li>• Patient Carer Race Equality Framework Progress (<b>PCREF</b>)</li> <li>• Progress on family and carer engagement including embedding of triangle of care.</li> </ul>	Director of Workforce, Director of Nursing and Therapies and All Group Nurse Directors	<p><b>Patient and Carer Race Equality Framework (PCREF)</b></p> <p>Co-produce systematic approach to involving patients, carers, families and communities from minoritised backgrounds in making our services anti-racist and culturally competent. Co-production phase April-Sep '25 with new engagement structures in place by March '26.</p> <p><b>Engagement with Families and Carers</b></p> <p>All Care groups have Lived Experience Groups which is supported by the Involvement and Lived Experience Team.</p> <p>The new Together Strategy was launched at Service User and carer reference group on 10<sup>th</sup> April 2025.</p> <p>Achievements/what is working well (aligned to the six principles):</p> <ol style="list-style-type: none"> <li>1. Introduction of carers cards</li> <li>2. Co-production of staff carers awareness training</li> <li>3. Supporting service users to complete recovery plans</li> </ol>

				<p>4. Continuing to develop and employ people into carer dedicated roles</p> <p>5. Carer conference/co-produced carer resources/carers noticeboards/carers champions and specific carer leaflets</p> <p>6. Carer forums/partnership working/carers record/getting to know you as a carer/Staff carer support group</p> <p>Future planned actions include Trust Care groups being required to evaluate performance against six principles and to develop a dashboard.</p>
4.	Multiagency clinical information sharing	<ul style="list-style-type: none"> <li>Review current approach to clinical and risk related patient data in electronic patient record systems and communication to partners including primary care</li> </ul>	Associate Director Information Governance & MH Legislation, Chief Clinical Information Officer and Associate Chief Clinical Information Officer	<p>New risk assessment framework makes it easier for us to communicate information to our partners through the Great North Care Record.</p> <p>Next steps involve assessing the precise processes and system performance impact before it can be activated, over the next 3 months.</p>
5.	Multiagency working	<ul style="list-style-type: none"> <li>Review current arrangements with ICB and other relevant partners e.g. Police</li> </ul>	Medical Director / Deputy Chief Executive and Director of Nursing and Therapies	<p>Meeting with the ICB Chief Nurse on 14<sup>th</sup> April to discuss quality governance with the ICB and CNTW.</p> <p>Executive and Director of Nursing and Therapies member of the ICB System Quality Group Meetings.</p> <p>We have regular meetings with partners through the Northumbria Police Right Care Right Person meetings.</p> <p>Regular formal and informal meetings bimonthly with CQC.</p>

6.	Quality and safety governance	<ul style="list-style-type: none"> <li>Review of current systems and recommendations for improvement</li> </ul>	Medical Director / Deputy Chief Executive, Chief Operating Officer and Director of Nursing and Therapies	<p>Quality and safety goals and priorities developed and currently undergoing a process of engagement with relevant forums.</p> <p>Review of current quality assurance processes ongoing to ensure embedding of learning and improvement.</p>
7.	Policy development and review	<ul style="list-style-type: none"> <li>Reviewing clinical Trust policies to ensure that they are current updated and written in a manner which enables staff to practice in line with policy</li> </ul>	Chief Operating Officer, Director of Nursing and Therapies and Group Medical Director	Review of all policies relevant to Quality and safety to ensure that they meet the principles of being up to date, precise, and appropriate for use by clinical staff to be commenced.
8.	Peer Support	<ul style="list-style-type: none"> <li>Peer support involvement in community mental health services for those with severe mental illness and which is culturally appropriate</li> </ul>	Director of Nursing and Therapies	<p>Mapping of all Peer Support involvement in Community services has been undertaken by the Lived Experience Service Team (LES) in March 2025 identifying areas for improvement.</p> <p>Recommendations have been shared with the Community care group and the LES team are working with the group to address the gaps and cultural aspects.</p>
9.	Care Planning	Coproduction of care plans	Group Nurse Directors and Deputy Director of Nursing and Therapies	<p>Over the past year, a dedicated group under the leadership of group nurse directors have looked at the personalised care planning process, ensuring coproduction, and care plan discussion at each point of a patients care and treatment. Electronic Patient Record has been updated allow for guides to support staff to be able to work with patients to develop their care plans.</p> <p>Outputs from that work continue to be progressed and monitored.</p>

10	Joint clinical decision making between inpatient and community services	Review systems to ensure that those admitted to inpatient adult wards have ongoing engagement of community services who also have an influence in inpatient care and decision making	Group Medical Directors	Inpatient and Community Medical Directors are to improve interface working and communication. A task and finish group is proposed to develop shared actions, and it is anticipated to recommend actions for implementation over the next 3 months.
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