TEWV Assertive and Intensive Action Plan Extract -May 2025				Appendix 2
Priority / Theme / Identified Learning	**No.**	**Action**	**Lead / Group**	**Progress**
Identifying Assertive & Intensive Cohort	1	• Define inclusion criteria for this cohort of service users through defined caseload stratification • Develop enhanced huddle board which includes details of Assertive and Intensive engagement cohort - ensuring appropriate MDT oversight via team huddles • Rollout of enhanced Huddle board • Identify how we track the care for this group: CITO caseload stratification via caseload management dashboard and huddle board	Trustwide Adult Mental Health Clinical Network/ working group	• Inclusion criteria has been developed and is under review/sign off. • Enhance huddle board to be rolled out by June 2025 • Work in progress with digital and data to create tag for this cohort on EPR for identification (Quarter 3 in 25/26)
Define our approach and treatment for the cohort	2	• Produce operational and clinical guidance on the pathway to support and treat this group of people. Ensure they are aligned to latest NHSE guidance as it is released and directing an assertive approach that enhances knowledge and support in areas of confidentiality concern. • Assessment and business case identifying resource gap • Implement proposed investment plan identified within the Business Case	Trustwide Adult Mental Health Clinical Network/ working group Head of Community Services and Associate Director for Partnerships	• NHSE guidance will be released in summer 2025. ICB position we can commence this work in absence of this. • Submitted information regarding the resource gap as nationally requested to the ICB • Implementing business case not yet started. National Spending Review in July 2025 will consider additional investment for this area.
Service Policy	3a	• Review DNA / WNB policy to ensure they do not consider disengagement as the sole reason for discharge. • Develop options to ensure compliance with discharge policy via QA audit or CITO pathway • Implementation of standard huddle board and process which includes daily discussions on DNA/WNB	Head of Community Services	• Policy reviews complete • Options for CITO developing due for completion Q3 25/26

Serious incident and patient safety policy	3b	• Trusts should undertake an audit of their implementation of recommendations from previous reviews including from Serious Incident and the CQC to evaluate the outcomes following implementation. Also they should seek to understand if the changes made have had a positive impact on the quality and safety of care delivered, including the views of those with Lived Experience. • The Trust needs an audit to ensure that its Patient Safety Incident Response is in line with NHS England's new patient safety framework (PSIRF). • Audit / Assurance process to establish that subsequent lessons have been embedded in clinical practice and corroborated and supported by people who use the services, their families, carers or support network.	Patient Safety, Strategic Fundamental Standards and trust lead	Discussed in April Strategic Fundamental Standards
Policy Development and review	3c	• The Trust should ensure that all Trust policies are current, updated and written in a manner that enables staff to practice in line with the policy. • Where appropriate, policies should be coproduced with people with relevant lived experience. • Policies should include clear guidance for escalation when key deliverables within the policy are not able to be achieved. • The Trust should have processes in place to trigger requirements for renewal or review.	Trust policy lead	• The Trust has a mechanism to monitor all trust wide policies and procedures this is explored at the management group meeting on a monthly basis. There are occasions where policies need to be given extensions, but this is monitored and has oversight at management group meeting. • How and who to involve in policy creation is outlined in the guidance available this already includes provision to ensure individuals with lived experience are involved.

Family & Carer involvement in care and treatment	4	• Whilst there were attempts to actively engage the family in aspects of care, there were important milestones when decisions were not discussed with them. Also found that there were opportunities to co-produce aspects of care planning with the patient and his family, particularly around safety and scenario planning • Increase our capacity to delivery family intervention for psychosis treatment and carers focused education and support (CFES)	Work developing currently	To development
Clinical Information sharing and Working across organisations.	5	• There can be limitations in the sharing of clinical information across settings which impacted on the ability of those who were caring to fully understand the patient's needs. The current system capability does not allow for the timely sharing of important clinical information between the Trust and independent providers who are placing the Trust's patients in their services. Additionally, the sharing of information with Primary Care to inform important conversation, for example in relation to potential patient discharges, needs to be improved. • At times in the patients care and treatment, healthcare professionals were making decisions without a full understanding of information held by all organisations involved.	ICB and system partners	ICB to convene system wide discussion on improvements needed in Q3 2025/26

Governance arrangements	6	We found evidence of siloed governance arrangements and little evidence of triangulation of information to enable system wide learning. We found this to be the case from the Integrated Care Board through to Trust processes.	System wide	
Peer Support	7	• Ensure all community teams have access to Peer Support • The Trust must have robust mechanisms for recruitment, training, support and supervision and role structure including peer leadership • Review current demand against workforce budgeted roles	AMH Planned Care Governance Peer Professional Head	All community teams in DTVF AMH Planned Care to have access to Peer Support roles by Q4 25/26
Care Planning	8	The Trust must have processes in place to assure themselves that people who use mental health services, their families, carers and/or support network co-produce care plans. Individuals who use services should be involved in their own personal safety planning arrangements including scenario planning	Trust lead	In development

Joint clinical decision making	9	• The Trust needs to ensure that the voice of all of those involved in the care and treatment of an individual is heard and considered within the context of the long-term planning for an individual's care and treatment. Where consensus is not reached about the best plan of action, there needs to be a clear process to escalate views for further consideration. All professionals need to feel empowered to challenge decisions and have the appropriate mechanisms to do so. • Set standards of interface working between urgent and planned care	Urgent and Planned Care NYYS leadership NYYS AMH Service Improvement Delivery Group Trustwide Adult Mental Health Clinical Network	In development