

Gateshead Health NHS Foundation Trust Assertive and Intensive Action Plan Extract – June 2025

Appendix 3

Action	Update	Target date for completion
Develop DNA Policy for Older Persons Mental Health	Policy written and taken through Policy Review Group onto GHLG for ratification. Request made that this was incorporated into an Access Policy. Work ongoing to complete this in meantime, local SOP has been in place since July 2024 to ensure patients who DNA are followed up appropriately and discussed as part of an MDT before discharge occurs.	September 2025
Introduce a narrative risk assessment tool to replace the FACE risk tool.	A narrative risk assessment tool was introduced across the service between September 2024 – November 2024. All staff received training on how to undertake a comprehensive risk assessment that incorporated risk to self and risk to others, and how to document this on the narrative risk assessment. A sample of risk assessments are reviewed as part of the case note audit carried out in supervision to ensure they meet the standard expected.	Completed
Ensure there is joint discharge planning between the person, their family, the inpatient and community teams, and other agencies if required.	<p>Where patients are being discharged from an inpatient setting, an MDT which includes the patient, their family and all relevant professionals should convened. The inpatient consultant will have a conversation with the community consultant to hand over prior to discharge. <i>This is not yet consistent to be a green action.</i></p> <p>A bed meeting is held every Monday morning where potential discharges are discussed and includes the community team.</p> <p>Where patients are being discharged from a community team, a formal MDT review will take place which will include the family where risks and relapse indicators will be shared, and guidance given on how to re-access services. <i>This is not yet consistent to be a green action.</i></p>	Audit of all discharges to ensure discussion has taken place between July – September. Target 100% compliance.

		<p>Transformation work currently underway.</p> <p>Repeating audit of all discharges from the CMHT every quarter to be completed until fully compliant</p>
<p>Ensure that we are working with other agencies and sharing information that is relevant and appropriate.</p>	<p>Monthly interface meetings have been established with Police, Adult Social Care, CNTW and Change, Grow, Live. Attendance at these remains sporadic with work ongoing to improve. <i>This is not yet consistent to be a green action.</i></p> <p>Agencies involved in the patients care are invited to attend MDTs or contribute to them, and information is shared with them following the conclusion of the MDT. <i>This is not yet consistent to be a green action.</i></p> <p>Where there is a change of presentation or concerns relating to the risk of a patient, the relevant agencies are informed.</p>	<p>Embedded by September 2025</p> <p>Sample Audit of 25% of cases open to CMHT on Emis to be 100%</p>
<p>Ensure that we are involving families in care as part of the MDT.</p>	<p>'Life beyond the cubicle' training to be added to all mental health staff ESR for completion which will provide awareness on why it is important to involve families in the patients care. <i>Requires ongoing monitoring of training compliance.</i></p> <p>As part of case note audit, to ensure that families are being involved in the care of the patient and that their views are being sought with regards to the patients presentation, triggers, or any concerns that they may have. <i>This is not yet consistent to be a green action.</i></p>	<p>Training compliance 90% across the service by December 2025.</p> <p>Embedded by September 2025.</p>

		Sample Audit of 25% of cases open to CMHT to demonstrate proforma is being used – Target 100% compliance.
Eliminating Out of Area Placements	The service can respond to the needs of the Older Population and ensure that patients are admitted to an appropriate local bed. We do not have any placements out of the Gateshead / Newcastle localities. On occasions we do need to admit to a CNTW or TEWV bed we ensure that the patient is prioritised to return to the local area.	Complete with ongoing monitoring