P-CAMHS – ACTION PLAN

Concern	Actions	Progress	RAG status	By who	By when
Immediate concerns-					
Unclear what the process for assessing risk / vulnerabilities and safeguards are within the PCAMHS. (Many cases had blank documents). Some of completed risk assessments too Vague.	Risk assessment pro-forma to be completed for all patients	Complete	🟩	PCAMHS staff	Complete
	Risk assessment box in Choice pro-forma to address <u>ALL</u> aspects of risk not just DSH and SI.	Complete	🟩	PCAMHS staff	Complete
	Continue to complete full WARRN if initial risk assessment demonstrates requirement for this	Complete	🟩	PCAMHS staff	Complete
	PCAMHS staff to be informed of the above	Complete	🟩	CM	Complete
	Review safeguarding stat form in use in Cwm Taf and circulate for use in Swansea Bay. Continue to use case consultation line management meetings to record dilemmas and raise risk/ safeguarding issues	Ongoing	No progress reported.	CM	30.09.19

Lack of Staff	Continue to seek recruitment to posts. Vacant post currently out to advert. Also seek additional funding to establish healthy capacity.	Ongoing		CM	Complete / ongoing
	Develop programme for new recruits (note task and finish group looking at developing this for the Network)	Tutorial programme restarts in January 20 for new starters. A staff induction pack has been developed for admin which will also incorporate clinical staff.	Deadline has passed, but plan in place to progress	T&F Group	01.11.19
	NPT and Swansea stay to be amalgamated to one site in order to encourage team support and limited lone working.	Complete		CM	Complete
Staff report not keeping complete records on some young people in schools due to the concern about future career prospects .	Ensure all young people that are assessed, wherever this happens, have a CAMHS file and Myrddin number.	Complete		CM	Complete
	Where PCAMHS is involved in liaison work, an electronic record of this to be kept so that the service can reference the young people that it has provided liaison with	Complete		CM	Complete

	Needs improvement-				
Lack of critical mass - staff numbers low, and further strained by vacancies.	New service model approved with the development of B6 and B5 posts working in liaison roles, in addition to the B7 posts already in place. Future service need will be assessed once this is bedded in.	Work being undertaken on JDs for B5 Emotional Health and Wellbeing Practitioners/Assistant Psychologists. 2 B6 Permanent staff are almost out to advert approved through Trac. 2 FTC B6 posts almost out to advert approved by all in Trac.		CM/CC	31.03.21
Lack of evidence of outcome measures to inform clinical decision making	Team to be advised to ensure that RCADS and/ or SDQ is completed (in line with SCAMHS)	Complete		CM	Complete
Handwritten notes means some entries / assessments are illegible.	Team to be reminded of responsibilities in record keeping	Complete		CM	Complete
Lack of IT or Mobile phones which limit possibilities for mobile working. Risk of Data breaches from transporting paper files	CM to review current provision of mobile technology and submit SON for laptops / smartphones	A SoN (19/09/19) has been completed for Laptops for PCAMHS. There is a delay for Laptops at present due to supply issues. Chaser email sent 26/11/19.	Deadline has passed, but plan in place to progress	CM/CC	30.09.19

Lack of available training or time to attend training	CM to complete a training needs analysis and staff to seek training opportunities via PDR process	Update required	No progress reported.	CM	31.10.19
No definitive modality for service. Evidence of use of therapies (CBT) in case notes but limited access to formal therapy but not clear rationales in assessments to understand why this is the intervention.	To be linked to training plan as above	Service improvements monies - a B7 Psychologist will be employed to provide CBT therapeutic modality and supervision.	Deadline has passed, but plan in place to progress	CM	31.10.19
Case note recording : can be difficult to navigate sequence of events, some evidence of documents without dates or signatures	Quarterly rotational peer review file audit to be implemented (involving PCAMHS, Crisis and CiTT teams)	Complete		CM	Complete
	Facilitate workshop to ensure all staff understand and are aware of appropriate record keeping and file issues.	Claire Northwell Todd from corporate Information Governance team has been asked to attend a business meeting to discuss. Awaiting a date from LMT to book into the schedule. This is also covered in tutorial programme for new staff.	Deadline has passed, but plan in place to progress	CM	31.10.19

Letters to GP - unclear if recipient is primarily intended to be patient/GP or family - variety of terminology used	Staff advised to write to GP and copy families in	Complete		CM	Complete
Pathway between PCAMHS and SCAMHS is unclear, evidence of issues with communication between teams and referrals bouncing between teams. Examples of assessment outcomes where YP receives both, also examples of letters back to referrers stating person deemed Primary Care but then referred by Primary Care to Secondary care. cases audited were often similar levels of risk/need. Lack of outcome options from PCAMHS referrals in some areas meaning reliance on PCAMHS to provide follow up	Establish a Single Point of Access for ALL referrals entering the CAMH service. Ensure YP transitions throughout the service gaining the most appropriate input. Formal referral criteria	SPOR Lite has been implemented on 30/09/19 - currently developing model into SPOA.		LMT CM, ID, DD	31.03.20
	Amalgamate teams and provide integrated service through stepped care approach	Accommodation will provide an integrated service with a single base that will facilitate a stepped care approach.		LMT CM, ID, DD	31.03.20