EPUT Safety Action Plan	
Action Plan Owner: EPUT	**Start Date: May 2025**
Priority: Low ☐ Medium ☐ High ☒	**Care Unit: MSE Care Unit, Inpatients and Urgent Care, NEE Care Unit**
Target Completion Date: Jan 2026	
Source: NICHE report	

Glossary

AMHP - Approved Mental Health Professional

DoLs – Deprivation of Liberty

EDS - Emergency Duty Service

EPUT – Essex Partnership University NHS Trust

GAS - Goal Attainment Scaling

IPUC – Inpatient & Urgent Care Unit

MCA – Mental Capacity Assessment

MHA – Mental Health Act

MSE – Mid & South Essex Care Unit

NEE – North East Essex Care Unit

Recommendation 1: Information about the Patient did not travel with him.				
Safety action description **(SMART)**	**(Measurement Tool & frequency of monitoring**	**Safety action owner**	**Target date for implementation**	**Evidence**
A 'This Is Me' (or equivalent care passport) document should be commenced in conjunction with the patient (where possible) and their carers when a diagnosis of dementia is given. This should be updated and refreshed throughout the patient's journey and shared with all health and social care professionals involved in their care.	Ensure the approaches taken across NEE and MSE align with patient need.	Mid and South Essex integrated care system/ North East Essex Care Unit	January 2026 **Term** Short ☐ Medium ☐ Long ☒	The expectation is that a document such as This is me is completed by family/patient and then EPUT staff would upload it to the clinical record. The role of EPUT staff in this is to prompt family/patient to complete it, support them if they need to and ensure that it is uploaded. **Support to Carer** Carers are referred to local groups/providers for support including The Alzheimer's Society support carers Action for family carers, Carers First Other halves Health in Mind, Essex Carers Support, respite options, Age Well East or other third sector agencies.

Recommendation 2:- Care plans were not person-centred.				
Safety action description **(SMART)**	**(Measurement Tool & frequency of monitoring**	**Safety action owner**	**Target date for implementation**	**Evidence**
Patients with dementia (and/or delirium) must have person-centred care plans to ensure that care and treatment that is appropriate, meets their needs and reflects their personal preferences.	Audit plan that details oversight.	MSE/ NEE/ IPUC care units	Complete **Term** Short ☒ Medium ☐ Long ☐	There is auditing of person centred care plans.

Recommendation 9: – Clinical policies and procedures **Within the inpatient and community teams there were occasions when clinical policies and procedures were not complied with.**				
Safety action description **(SMART)**	**(Measurement Tool & frequency of monitoring** **(e.g. daily, monthly)**	**Safety action owner** **(role, team directorate)**	**Target date for implementation**	**Evidence**
The Trust must ensure that the monitoring mechanisms within the following policies/procedures (or their equivalent) are achievable and being	Patient Safety Dashboard Care Unit reviews of	MSE/ NEE/ IPUC Care Units	January 2026- aligned with GAS attainment care plan roll out so	**Medicines Management** There is a robust incident reporting system which feeds through to a Patient Safety Dashboard allowing the

complied with, and that all policy/procedures are subject to regular audit or testing and staff trained in their use to ensure that required outcomes for patients are being achieved: 1. Medicines Management Policy in relation to the prescribing and administration of medications, and to include sedation and rapid tranquillisation. 2. Care of patients with dementia in relation to use of 'This is Me' and care planning. 3. Record Keeping Policy in relation to person-centred care planning.	Datix incidents		date subject to change **Term** Short ☐ Medium ☐ Long ☒	medicine management incidents along with others to be reviewed by the Care Units. Specific areas of the EPUT medicines policy (CLP13) are covered within the medicines management audit plan. **This is Me** – see above **Record Keeping Trust wide** Trust is awaiting to transfer over to the new Goal Attainment Scaling (GAS) care plan which will allow easier monitoring of patients and the extent to which patient's individual goals are achieved in the course of intervention. The goals are unique to the patient and their situation. As a Trust we are working on more detailed guidance for clinical staff on clinical record keeping and this should be available by 31st December 2025.

Recommendation 10: – Mental Capacity Act **Within the community there was inconsistent application of the Mental Capacity Act which requires decision specific assessments of capacity.**				
Safety action description **(SMART)**	**(Measurement Tool & frequency of monitoring**	**Safety action owner**	**Target date for implementation**	**Evidence**
The Trust needs to ensure that key aspects of the Mental Capacity Act are subject to regular audit or testing and staff trained in its use to ensure that people without capacity are supported in key decision making and within appropriate legal frameworks. Key areas of focus include: 1. Capacity assessments and best interest decisions in relation to care and treatment, accommodation and finance. 2. Deprivation of Liberty Safeguards in relation to capacity assessments, the management of challenging behaviours and the use of restrictive interventions, and involvement of the safeguarding team. 3. Lasting Power of Attorneys and their involvement in key decision making. Advocacy in relation to appropriate use and referrals.	Training data that is overseen through our Trust Accountability Framework MHA visits that provide specific ward/teams reports Trust MHA audit process that is reviewed through governance processes	All Care unit leadership teams	January 2026 **Term** Short ☐ Medium ☐ Long ☒	EPUT services are not the decision makers when it comes to accommodation and finance that resides with the Local Authority, our role is to support patients in that process. There is mandatory training provided by EPUT which covers “Safeguarding Adults Level 3 inc MCA/DoLs & Prevent”. Where the person is below the age of 65 EPUT is able to utilise its internal Section 75 Social Care Leadership Team. If the person is 65 and over, there is responsibility to work jointly between EPUT and the relevant Local Authority. The services always keep in mind the use of joint working with other authorities as required where significant changes to a person life are being considered under the Mental Capacity Act. **Advocacy** At the point of an assessment, if it is felt that advocacy is required a referral would be made. This would be considered at any point during the care episode particularly if a safeguarding has been raised or if the patient does not have anyone advocating on their behalf.

4. Safeguarding adults in relation to referrals and the response to concerns raised. 5. Advocacy in relation to appropriate use and referrals.				

Key Theme/point:
Recommendation 11 : Mental Health Act
There were several occasions when emergency psychiatric input or a MHA assessment should have been considered when The Patient was medically stable and ensure clarity across organisations when there is queried medical fitness

Safety action description **(SMART)**	**(Measurement Tool & frequency of monitoring**	**Safety action owner**	**Target date for implementation**	**Evidence**
The Trust must ensure that patients who have behavioural and psychological symptoms receive a psychiatric assessment during or immediately after incidents of violence and aggression, with consideration of a Mental Health Act assessment if medically stable.	Audit programme- Trust audit team to include in programme for 25/26 Suicide prevention Quality group- progress against year 2 quality priority regarding move from risk stratification to a more personalised safety assessment, formulation and planning approach.	Trust Audit lead/ Suicide prevention Quality group	December 2025 **Term** Short ☐ Medium ☐ Long ☒	The services maintains a commitment to ensuring patients are supported in the least restrictive manner. In instances where patients present with aggression or violence, the team does not default to a Mental Health Act (MHA) referral. Instead the clinical approach prioritises de-escalation within the home setting, where safe to do so and a least restrictive approach. Immediate follow-up visits are always undertaken where concerns are escalated. The Emergency Duty Service (EDS) within the Approved Mental Health Professional (AMHP) Hub operates outside regular working hours. Decisions to refer to EDS are made following clinical review. These decisions are led by qualified professionals and are based on

				presenting risk, clinical need, and the least restrictive principle. Due to the individual nature of dementia crises, it is not appropriate or safe to apply set criteria for AMHP/EDS referral. Each case is assessed on its own merits to ensure proportionate, patient-centred response.