Mid and South Essex NHS Foundation Trust Safety Action Plan	
Action Plan Title: Action Plan following the Niche Heath and Social Care Consulting Investigation into the care and treatment of CF	**STEIS:** 2021/16905
Action Plan Owner: Chief Nursing Officer	**Monitoring forum:** MSEFT Evidence Assurance Group
Last action due date: 30th March 2026	**Service/Division:** Basildon/Broomfield Site

Recommendation	Action	Owner	Due date	Progress and Comments
Recommendation 1 **Information about CF did not travel with him.** 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.	For all clinical staff to be aware of the dementia services available for staff to utilise when a patient is admitted or diagnosed with dementia. To ensure staff have completed their mandatory training at the appropriate tier linked to their role. To ensure the Mid and South Essex NHS Foundation Trust (MSEFT) has an up-to-date dementia policy/SOP. For clinical staff to utilise the dementia care bundle that contains completion of the 'This is	MSE Safeguarding Team Site Directors of Nursing	19th December 2025	The MSEFT has shared the following with staff: • Care of patients with Dementia Policy • Recognition and management of patients who experience delirium policy • The Dementia Care Bundle Dementia Awareness Training is available to staff across the MSEFT. Enhanced Mental Capacity Act 2005 (MCA) and Deprivation of Liberty (DoLS) Training is available to staff across the MSEFT.

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	me' document and to ensure there is a mechanism to communicate on admission and/or discharge from hospital. For clinical teams to be aware of the process to refer to the site-based admiral/Dementia and Delirium nurses for advice/support.			
Recommendation 2 **Care plans were not person-centred.** 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.	For staff to use the dementia care bundle that contains completion of, or use of an established 'This is me' document. Clinical teams are to be aware of the process to refer to the site-based admiral/ Dementia and Delirium nurses for advice/support.	Directors of Nursing Safeguarding Team	30th March 2026	The dementia referral process has been embedded in the Mid and South Essex Policy and the referral form is available on the MSEFT Intranet. The MSEFT Dementia and Delirium team emails wards, when a patient with dementia is admitted, to provide support and to share the Dementia Care bundle. The MSEFT is currently working on the Dementia Strategy and is focussing on the three pillars of Dementia 100 - assisting well, supporting well and dying well.

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				The implementation of the new electronic medical records system will be used to enhance partnership working for our patients. A mechanism to review the quality metrics to be implemented for our dementia patients is being undertaken.
Recommendation 3 – Clinical policies and procedures **Within Broomfield and Basildon Hospitals there were occasions when clinical policies and procedures were not complied with.**	To ensure that the policies are reviewed, are in date and that compliance is monitored. To ensure the MSEFT has a mechanism to review the compliance and the availability of	Policy owners	30th March 2026	All policies linked to this recommendation have been reviewed and are in date with a planned review date for 2027/28 (September 2025)

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The Trust (MSEFT) must ensure that the monitoring mechanisms within the following policies/procedures (or their equivalent) are achievable and being 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 medication omissions, sedation and rapid tranquillisation. 2. Care of Patients with Dementia Policy in relation to referrals to the Dementia Nurse, use of 'This is Me', care planning and unnecessary moves between wards.	staff training for policies linked to this recommendation. 1: Medicines Administration Policy 2: Care of patients with dementia 3: Recognition and Management of Delirium Policy screening 4: Enhanced Supervision Policy 5: Clinical Record Keeping Standards Policy 6: Admission and Bed Management Policy			

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3. Recognition and Management of Delirium Policy in relation to screening, medications management and care planning. 4. Observation/Enhanced Supervision Policy in relation to the roles, responsibilities and training requirements of security officers and other staff who undertake these tasks, record keeping and incident reporting (for staffing shortfalls and incidents of violence and aggression). 5. Record Keeping Policy in relation to nursing assessments, person-centred care planning and documentation of the rationale for key changes in care. 6. Admission, Discharge and Transfer Policy in relation to unnecessary moves between wards, internal handovers between wards and departments, and	7: Palliative Care and End of Life Policy			

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external handovers between Trust services and other organisations. 7. Palliative Care and End of Life Policy in relation to information sharing with the patient/family members and decision making.				
Recommendation 4 – Mental Capacity Act **Within Broomfield and Basildon Hospitals there was inconsistent**	To have a process for the completion and compliance of Tendable audit, undertaken quarterly for MCA/DoLs and	Safeguarding Team	19th December 2025	The Adult Safeguarding Team reviews MCA and DoLS applications across MSE before submitting to the Local Authority. The team conducts weekly

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application of the Mental Capacity Act which requires decision specific assessments of capacity. The Trust (MSEFT) 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 interests decisions in relation to care and treatment, accommodation and finance. 2. Deprivation of Liberty Safeguards in relation to capacity assessments, documentation, the management of challenging behaviours and the use of restrictive interventions, and involvement of the safeguarding team.	Safeguarding. To have a process for the completion of daily Mental Health risk assessment. To oversee the training compliance for MCA (includes consent, best interest decision, LPA)	Site Directors of Nursing Basildon/Broomfield		audits of these applications, and the results are shared weekly with the Director of Nursing for the site. Audits are ongoing and are moving from fortnightly from weekly. The Adult Safeguarding Nurse carries out a weekly audit of patient healthcare records to ensure comprehensive DoLS applications are documented properly. Enhanced Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) Training is available to staff across the MSEFT with a trajectory to be implemented to monitor and oversee training compliance, in addition to the availability of the following policies on the My Staff App: • Depravation of Liberty Safeguards Policy • Mental Capacity Act Policy

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3. Lasting Power of Attorneys and their involvement in key decision making. 4. Advocacy in relation to appropriate use and referrals. 5. Safeguarding adults in relation to referrals and the response to concerns raised				
Recommendation 5 – Mental Health Act (MHA) **There were several occasions when requests for emergency psychiatric input or consideration for a MHA assessment should have been made sooner when CF was medically stable.** The Trust (MSEFT) 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	To have a process for the completion and compliance of Tendable audits, undertaken quarterly MCA/DoLs and Safeguarding. To have a process for the daily completion of the Mental Health risk assessment with a mechanism to audit the compliance for inpatients.	Site Directors of Nursing	30th March 2026	The MSEFT has a mechanism to collate data within the Tendable audit application with a mechanism to review compliance of the gathered data. Active programme of work between MSEFT and Essex Partnership University NHS Foundation Trust (EPUT) where a collaborative approach to resolve barriers for people coming to our hospitals with mental health, learning disabilities, and autism needs to receive high-quality, safe and compassionate care, timely assessments and the right support in the right place.

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Mental Health Act assessment if medically stable.				The MSEFT has developed pathways and one-page guidance in collaboration with the local mental health trust for Section 5(2) and mental health patients in the Emergency Department. This initiative aims to ensure a clear understanding of each other's roles and to promote collaboration in the best interest of the patients.
Recommendation 6 – Incident reporting **Incidents were not always reported or had insufficient information to allow a comprehensive investigation to be undertaken.** The Trust (MSEFT) must ensure that the following policy is subject to regular audit or testing and staff trained in its use to ensure that required outcomes for patients and their carers are being achieved:	To review the Incident Management Policy and ensure it aligns to national guidance. The Divisions to review their compliance to Patient Safety Training and implement actions to improve compliance where required. A process to audit the quality of incident closures will be undertaken by the Divisional Governance Leads.	Patient Safety Team Site Directors of Nursing	22nd February 2026	The incident management policy has been updated and is currently in date. The policy incorporates the transition from the serious incident framework to the patient safety incident response framework (PSIRF). Tools and guides have been implemented to support the application PSIRF across the MSEFT. MSEFT Patient Safety training is available on the Elevate System. There is a mechanism to oversee training compliance, and a trajectory will be implemented across the MSEFT.

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Incident Reporting and Management Policy in relation to restrictive interventions and the reporting of incidents of violence and aggression, and the management and investigation of serious incidents.	A specific audit of incidents linked to incident reporting and the quality of the closure of incidents of violence and aggression will be undertaken by the Governance Lead.			Since the introduction of PSIRF a daily review of incidents is undertaken in divisional huddles, this includes a review of the quality of the incident details following reporting. Following incidents being reviewed there is a mechanism to oversee and review closed incidents within the division and is led by the Divisional Governance Lead. The PSIRF framework is centred on a learning organisation and the framework continues to be embedded across the organisation.
Recommendation 7 – Management of concerns **Concerns raised by ML were not always responded to or acted upon in a decisive manner.** The Trust must ensure that the following policy is subject to regular audit or testing and staff trained in its use to ensure that required outcomes for	To review the Complaints and PALS policy to ensure it aligns to national best practice.	Corporate Complaints Team	26th February 2026	The policy linked to this recommendation has been reviewed and is in date with a planned review date for 2027 (September 2025) Following a process mapping exercise for PALS and complaints there has been training to Divisional Governance Teams to support the implementation of the PALS and Complaints policy.

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patients and their carers are being achieved: PALS and Complaints Handling Policy in relation to the management of concerns and complaints raised by carers.				In addition, embedding knowledge to staff within Nursing Grand Round Sessions, Senior Leadership Briefings and the use of training videos for key staff members to access. Themes and trends are reported into the Governance structure within the MSEFT.
Recommendation 8 – Environment **The acute hospital environment did not support improvements in CF's mental health and wellbeing.** The Trust should expedite the refurbishment of designated cubicles which can appropriately accommodate patients who have behavioural and psychological symptoms.	Staff to ensure that a mental health risk assessment is completed and reviewed in accordance with a patient's change in condition and a record kept in the patients notes. To review the Care Quality Commission – Assessment of Mental Health Services in Acute Trusts Programme (2020) and consider improvements to be implemented within the MSEFT.	Site Directors of Nursing	19th December 2025	Patients are reviewed using the mental health risk assessments within the clinical areas of the MSEFT. Staff have access to the Policy for Enhanced Supervision and Engagement to support the review of patient's condition within their current clinical environment.