North East London
NHS Foundation Trust

Action Plan

Action Plan: Level 3 Independent Investigation D177978							
Directorate: Acute and Rehabilitation Directorate		**Division: Mental Health Inpatient Services**			**Priority: High**		
Action plan owner: Assistant Director		**Team/ward:** Stage Ward			**Start Date: 25.07.2025**		
Care and service delivery problem.	**Action no**	**Action**	**By Whom Full name and role** ***Each action to be allocated to 1 person only***	**By When**	**How will this action reduce the risk of the recurrence of the care and service delivery problem, it is meant to address?**	**Wider Trust Learning Y/N**	**CQC KLOE** Safe Caring Well Led Effective Responsive
Clinical Policies and procedures were not complied with Since this incident, the Trust has moved towards a Risk Formulation approach to risk management. This focuses attention on a more collaborative, patient centred and systemic approach to risk and care delivery	1	• Older adult wards to resurrect completion of 'This is Me' for all patients on the wards with dementia • Compliance with Record Keeping training to be audited for compliance • Person centred care planning workshop specific for older adults to be delivered	Ward managers and Matron Director of Nursing	05.09.2025 05.09.2025	This will ensure that care plans are person centred and reflect strengths and wishes of patients on the wards using information from families and carers where appropriate 1st session on 25.8.25 2nd session on 16.9.25	N ARD	Safe, Well Led, Responsive

The Trust has adopted a more Relational approach to care and the Culture of Care improvement work has also changed the culture on the wards towards care delivery The Carer's Strategy has also emphasised that the voice of the carer is heard in the delivery of patient care		• Audit of 5 patient notes per ward to ensure that person centred care plans completed	Ward managers and Matron	30.09.2025			
Inconsistent application of the Mental Capacity Act which requires decision specific assessments of capacity	2	Delivery of bite size Mental Capacity Act training to all older adult ward staff and Best Interest Decisions Training to include role of the Lasting Power of Attorney in key decision making Virtual, monthly drop in session for MCA advice to be advertised and encouraged for all staff. To be added to the team business meeting agenda and senior leads meeting	Sazi Banda Mental Health Director of Nursing	25.07.2025 05.09.2025	Training will update people on the implications of the Mental Capacity Act and how it is used in inpatient settings	N	Safe, Well Led
Lack of referral to advocacy services to support patients who are unable to self advocate	3	Dip sample audit of Care Plans to ensure patients are referred to advocate when admitted	Older Adult Matrons	31.08.2025	Audit to be completed 31st August 2025 and to be repeated again in	N	Responsive

		under the Mental Health Act or are subject to DOLs.			3 months to ensure compliance		
Safeguarding processes were not followed for patient on the ward	4	Safeguarding remains on the MDT discussion template Safeguarding training compliance to be monitored through team business meetings and sub directorate delivery group Bespoke safeguarding session to be delivered by Safeguarding Lead	Older Adult Matrons Manager/Matron Safeguarding Lead	31.08.2025 30.09.2025	To ascertain that staff understand the escalation process when concerns are raised relating to patient's care.	N	Safe, Responsive
Action plan closure and sign off							
Completed action plan with embedded evidence to be submitted to LT for final sign off. Report to then be uploaded to InPhase and the PSI team advised via the InPhase system	5	This action plan is to be submitted to LT for final sign off at the next scheduled meeting	Action plan owner	One month after the last action has been completed	Assurance and completion of this action will be monitored through the directorate's action plan tracker via their Directorate Leadership meetings (DLM's)		