


STANDARD ACTION PLAN

PLAN LOCATION/TEAM: MHSOP wards


PLAN DEVELOPED BY: Sarah McGeorge & Sharon Tufnell

DATE PLAN AGREED:

NO.	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE FOR ACTION COMPLETION	EVIDENCE (TO BE RETAINED BY ACTION OWNER)	PROGRESS UPDATE
1	The Trust should assure itself that the findings and observations of patients when admitted to MHSOP wards leads to accurate care planning and appropriate interventions.	There are clear processes and procedures in place on MHSOP wards which ensure that findings from patients' assessments are clearly linked to planned care.	<p>a) 5 wards are piloting a refreshed Frailty CLiP (including falls). Full roll out is planned by the end of December 2017.</p> <p>b) The Behaviours that Challenge CLiP is being implemented on all MHSOP wards</p> <p>c) Improved MDT Care Planning in the electronic record is being developed with IT support.</p> <p>d) Dietitian colleagues to deliver training in use of SANSI tool (to replace MUST) across all wards – when the tool is</p>	<p>SDM / Lead Physio</p> <p>Modern matrons</p> <p>Nurse Consultant</p> <p>Lead dietitian</p> <p>ACD D&D</p>	<p>31st December 2017</p> <p>31st December 2017</p> <p>Progress is dependent on IT work schedule</p> <p>Progress is dependent on IT work schedule</p>	<p>Report at SDG (minutes)</p> <p>Report at SDG (minutes)</p> <p>New care planning module in place in PARIS</p> <p>Training records</p>	<p>July 2017 Pilot in progress</p> <p>July 2017 Principles agreed</p>

			<p>incorporated into PARIS</p> <p>e) Specialty specific harm minimisation training e-learning module will be available to ward to ward staff.</p>		<p>Progress dependent training department support</p> <p>is on</p>	<p>Training records</p>	
2	<p>The Trust should review management of aggression guidance and the clinical link pathway for Behaviours that Challenge in Mental Health Services for Older People wards to ensure that explicit guidance in how to manage an incident is an outcome of the assessment process and is included in intervention plans.</p>	<p>There are clear processes and procedures in place on MHSOP wards which ensure that findings from patients' assessments (in relation to aggression) are clearly linked to planned care.</p>	<p>a) Since the index incident, the Behaviours that Challenge CLiP has been reviewed and updated to include new National guidance and updated NICE guidance.</p> <p>b) The revised CLiP includes the development of a Behaviour Support Plan – Ward Managers are tasked with ensuring that these are developed where necessary</p>	<p>CLiP clinical lead</p> <p>Ward managers</p>	<p>Complete</p> <p>28th February 2018</p>	 <p>MHSOP Behaviours that Challenge Pathw</p> <p>MHSOP findings from the Trust-wide Clinical audit</p>	<p>Complete</p>
3	<p>The Trust should ensure that MHSOP wards fully comply with the policy on recording observations.</p>	<p>MHSOP can demonstrate adherence to the Supportive Engagement and Observations Procedure</p>	<p>a) SBARD highlighting the recording requirements from the</p>	<p>Modern matrons</p>	<p>30th September 2017</p>	<p>Modern matrons to randomly spot-check records of patients requiring Supportive engagement and</p>	

			<p>Team has delegated authority from the Trust Board to ratify all Trust policies and procedures.</p> <p>Minor amendments have been made to this policy following the homicide review recommendations to further strengthen stipulated Policy Lead responsibilities in relation to updating the evidence base of relevant policies and procedures.</p>				
5	The Trust should develop a programme of increased awareness of the need to accurately report incidents with the MHSOP wards, and assure itself that incidents are being accurately reported.	MHSOP can demonstrate that clear communication regarding incident reporting has been shared with ward staff	<p>a) SBARD to be written and circulated within MHSOP</p> <p>b) review of recorded incidents, trends including low reporting is a function of QuAGs</p> <p>c) ward report-</p>	<p>SDM / Nurse consultant</p> <p>QuAG Chairs</p> <p>Modern Matrons</p>	<p>30th September 2017</p> <p>31st December 2017</p> <p>31st December 2017</p>	<p>SDG minutes</p> <p>QuAG minutes</p> <p>QuAG minutes, and QuAG reports to LMGB and SDG</p> <p>Modern matron spot-checks of daily report-</p>	

			outs include discussion of incidents that have occurred and confirm reporting has taken place			outs	
6	The Trust should assure itself that MHSOP wards are now following its own best practice guidance with regards to Behaviours that Challenge in dementia.	We can provide evidence that the CLiP is implemented on all MHSOP wards.	a) continue the roll-out of the CLiP b) audit compliance with the requirements of the CLiP	Modern matrons Harm minimisation Lead	31 st December 2017 28 th February 2018	SDG and QuAG minutes Audit report	
7	The Trust should assure itself that assessments of risks in elderly patients are completed thoroughly and accurately, incorporating all aspects of relevant medical history, and which then lead to appropriate interventions to mitigate these risks.	MHSOP can demonstrate clear risk assessments which are linked to care plans	a) Narrative summary of risks has been introduced with an MHSOP specific crib sheet b) MHSOP harm minimisation training will incorporate medical history and the requirement to develop linked care plans c) the Care Planning development workstream is exploring electronic ways to	Complete ACD D&D Nurse Consultant	Complete Progress dependent is on training department support Progress is dependent on IT work schedule	 Safety Summary Compilation - Specialt Training content & training records Notes from the working group / reports from PARIS development team	Complete

			link risks identified to care planning				
8	NHS Durham Dales Easington & Sedgefield Clinical Commissioning Group and the Trust should work together to ensure that they fully implement the NICE Clinical guideline [CG146], Osteoporosis: assessing the risk of fragility fracture correctly identifying all patients at risk of fragile fracture on respective caseloads						
9	NHS Durham Dales, Sedgefield and Easington CCG, NHS North Durham CCG, Tees, Esk & Wear Valleys NHS Foundation Trust, County Durham and Darlington NHS Foundation Trust and North East Ambulance Service should regularly and collectively review all deaths of patients transferred from MHSOP wards to A&E with suspected fragility fractures to fully identify opportunities for system improvements to reduce premature deaths.						

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