# Standard Action Plan

**Plan Location/Team:** MHSOP wards  
**Plan Developed by:** Sarah McGeorge & Sharon Tufnell  
**Date Plan Agreed:**

<table>
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<tr>
<th>No.</th>
<th>Recommendation/Finding</th>
<th>Intended Outcome/Result</th>
<th>Action</th>
<th>Action Owner</th>
<th>Target Date for Action Completion</th>
<th>Evidence (To Be Retained by Action Owner)</th>
<th>Progress Update</th>
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| 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. | a) 5 wards are piloting a refreshed Frailty CLiP (including falls). Full roll out is planned by the end of December 2017.  

b) The Behaviours that Challenge CLiP is being implemented on all MHSOP wards  

c) Improved MDT Care Planning in the electronic record is being developed with IT support.  

d) Dietitian colleagues to deliver training in use of SANSI tool (to replace MUST) across all wards – when the tool is | SDM / Lead Physio  
Modern matrons  
Nurse Consultant  
Lead dietitian | 31st December 2017  
31st December 2017  
Progress is dependent on IT work schedule  
Progress is dependent on IT work schedule | Report at SDG (minutes)  
Report at SDG (minutes)  
New care planning module in place in PARIS  
Training records | July 2017 Pilot in progress  
July 2017 Principles agreed |
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| **2** | 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. | 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. | a) Since the index incident, the Behaviours that Challenge CLiP has been reviewed and updated to include new National guidance and updated NICE guidance.  

b) The revised CLiP includes the development of a Behaviour Support Plan – Ward Managers are tasked with ensuring that these are developed where necessary. |
|   |   |   |   |
| **3** | The Trust should ensure that MHSOP wards fully comply with the policy on recording observations. | MHSOP can demonstrate adherence to the Supportive Engagement and Observations Procedure | a) SBARD highlighting the recording requirements from the |
|   | procedure to be circulated through MHSOP  
|   | b) SBARD to include instructions regarding the need to give a rationale for rare circumstances where the procedure cannot be followed.  
|   | c) QuAGs have considered the use of zonal observation as per the procedure | Modern matrons | 30th September 2017 | provide reports to SDG in December 2017 and June 2018 | QuAG chairs | 31st October 2017 |
| 4 | The Trust should ensure that all relevant policies and procedures are updated whenever new guidance from NICE is issued. | All polices are updated according to Policy guidelines | As part of the policy and procedure review process the Policy Lead is responsible for undertaking review of the evidence base which includes NICE Guidance where relevant. This process is documented within the Governance of Policies and Procedures Policy document CORP-0001-v5: The Executive Management | Head of Clinical Effectiveness & Audit | Complete | Policies - Governance of.pdf |
Team has delegated authority from the Trust Board to ratify all Trust policies and procedures.

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.

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.

<p>| MHSOP can demonstrate that clear communication regarding incident reporting has been shared with ward staff | a) SBARD to be written and circulated within MHSOP | SDM / Nurse consultant | 30th September 2017 |
| b) review of recorded incidents, trends including low reporting is a function of QuAGs | QuAG Chairs | 31st December 2017 |
| c) ward report | Modern Matrons | 31st December 2017 |
| SDG minutes | QuAG minutes | Modern matron spot-checks of daily report- |</p>
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| **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 | 31st December 2017  
  28th 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 is dependent on training department support  
  Progress is dependent on IT work schedule  
  Notes from the working group / reports from PARIS development team | Complete |

**Safety Summary Compilation - Specialty Crib MHSOP.pdf**

**Complete**
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<th>NHS Durham Dales Easington &amp; 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</th>
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<td>9</td>
<td>NHS Durham Dales, Sedgefield and Easington CCG, NHS North Durham CCG, Tees, Esk &amp; 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&amp;E with suspected fragility fractures to fully identify opportunities for system improvements to reduce premature deaths.</td>
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