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| <p>Action Details</p>  |
| <p>SUI Grade 5 [redacted] [exempt - S.41(1)]<br/> [redacted] [exempt - S.41(1)] All attempts to undertake physical observations on patients to be documented appropriately in patients notes.<br/> By who: [redacted] [exempt - S.40(2)] - Ward Manager</p>  |
| <p>SUI-Grade-5-[redacted] [exempt - S.41(1)]<br/> [redacted] [exempt - S.41(1)] Possible change to protocol to include guidelines when a patient is on [redacted] [exempt - S.41(1)] . Ward manager to discuss with Modern matron and in falls steering group.<br/> By who: Ward Manager/Service Manager</p> |
| <p>SUI-Grade-5-[redacted] [exempt - S.41(1)]<br/> [redacted] [exempt - S.41(1)] No respiration rate documented. [redacted] [exempt - S.40(2)]<br/> By who: Ward Manager</p>  |
| <p>SUI-Grade-5-[redacted] [exempt - S.41(1)]<br/> [redacted] [exempt - S.41(1)] Post falls protocol not adhered to. [redacted] [exempt - S.40(2)]<br/> By who: Ward Manager</p>  |
| <p>SUI [redacted] [exempt - S.41(1)] Grade 5<br/> [redacted] [exempt - S.41(1)] Physical health monitoring charts need to be reviewed weekly in MDT ward round, and systems need to be in place to enable this.<br/> By who: Ward manager, Deputy Consultant, Ward Physical Health Lead</p>                  |
| <p>SUI [redacted] [exempt - S.41(1)] Grade 5<br/> [redacted] [exempt - S.41(1)] Investigation into partially missing records. (weight charts, and TPR chart)<br/> By who: Deputy Ward manager [redacted] [exempt - S.40(2)]</p>  |
| <p>SUI [redacted] [exempt - S.41(1)] Grade 5<br/> [redacted] [exempt - S.41(1)] Physical health leads to complete MEWS refresher training<br/> By who: Physical health leads supported by Modern Matron [redacted] [exempt - S.40(2)]</p>  |
| <p>SUI [redacted] [exempt - S.41(1)] Grade 5<br/> [redacted] [exempt - S.41(1)] MEWS charts to be ordered through stores and all other copies to be destroyed<br/> By who: Ward Manager</p>  |
| <p>Grade 5 [redacted] [exempt - S.41(1)]<br/> [redacted] [exempt - S.41(1)] Debrief and support given to staff members effected. Staff involved in debrief session</p>   |

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| By who: [exempt - S.40(2)]   |
| <p>SUI-Grade-4- [exempt - S.41(1)]</p> <p>[exempt - S.41(1)] Check with [exempt - S.41(1)] Hospital mortuary manager in regards to current policies &amp; procedures for Acute Trust that may need to be mirrored for MH inpatient services.</p> <p>By who: [exempt - S.40(2)] Service Manager</p>   |
| <p>SUI-Grade-4- [exempt - S.41(1)]</p> <p>[exempt - S.41(1)] Issue with the lack of police response in the first instance needs to be escalated via appropriate channels</p> <p>By who: [exempt - S.40(2)] Adult Service Line Manager</p>  |
| <p>SUI [exempt - S.41(1)] Grade 5</p> <p>[exempt - S.41(1)] Staff to ensure all intentional rounding comfort checks are recorded as they occur.</p> <p>By who: Nursing team</p>  |
| <p>SUI [exempt - S.41(1)] Grade 5</p> <p>[exempt - S.41(1)] Ensure that referrals received are current i.e. completed within past 24-48 hours.</p> <p>By who: All trained MDT receiving the referral documents.</p>  |
| <p>SUI [exempt - S.41(1)] Grade 5</p> <p>[exempt - S.41(1)] When parameters have changed in hospital admission, in addition to detail of new parameters, a request is made for the observation charts from the past 7 days and for discussion to take place with the medical team, for appropriateness of admission, if necessary.</p> <p>By who: All trained MDT receiving the referral documents.</p>  |
| <p>SUI-Grade-5- [exempt - S.41(1)]</p> <p>[exempt - S.41(1)] Unclear rules regarding visiting in patient bed areas. Discussed at Old Age Board and in supervision with Line Manager. New Ward leaflet and room information to be updated and staff to made aware that the decision will be at the nurse in charges discretion that shift. If patient physically unwell a care plan to be put in place to action visiting in patient room.</p> <p>By who: [exempt - S.40(2)] - Ward Manager</p> |
| <p>SUI-Grade-5- [exempt - S.41(1)]</p> <p>[exempt - S.40(2)] Individual staff will complete record keeping training - record keeping standards to be discussed and monitored with them in supervision</p> <p>By who: [exempt - S.40(2)] - Ward Manager</p>   |

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] physical examination was not carried out. Consultant and SPR have met with all Junior Doctor involved [exempt - S.41(1)] . Concerns were raised in relation to the lack of physical examination [exempt - S.41(1)] . This has further been raised in supervision with the Dr's concerned.

By who: Consultant Team. Lead Consultant for this incident [exempt - S.40(2)]

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] The emergency numbers provided by family members should be highlighted and readily accessible in patients' notes, facilitating a fast response when required. Memo to be sent to Ward Nursing staff highlighting the importance of contact numbers in kardex to be correct at time of admission to allow staff to be able to contact next of kin/relatives in an emergency situation and advised staff not to rely on previous notes from other care settings i.e. [exempt - S.41(1)] .

By who: [exempt - S.40(2)] - Ward Manager

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] Gaps on Fluid and Diet charts. Memo to be sent out and the importance of this to be addressed at next staff meeting where lessons learnt and action plan will also be discussed.

By who: [exempt - S.40(2)] - Ward Manager

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] [exempt - S.40(2)] To be added to the Agenda for the next Old Age Board Meeting (monthly meeting of Service Area Managers and Consultants and other medical staff).

By who: [exempt - S.40(2)] - Service Manager

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] This IR revealed that physical observations that were being taken daily were missed on 2 occasions during [exempt - S.41(1)] admission and that temperature and respirations are not routinely taken [exempt - S.40(2)] When taking physical observations temperature and respirations are now included as standard for all patient. This will be communicated to staff through a memo and also at the next staff meeting.

By who: [exempt - S.40(2)] - Ward Manager

SUI-Grade-5- [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Poor standard of documentation. Audits to be undertaken specific to completing:

1. Initial Assessment Document
2. Care Plans
3. TPR Charts

Monitoring charts

By who: [redacted] [exempt - S.40(2)]

SUI-Grade-5- [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] MEWS guidance not followed. Staff training on how to complete and escalate findings following the assessment of clinical observations

By who: [redacted] [exempt - S.40(2)]

SUI-Grade-5- [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Missing medication and discharge summary on arrival to [redacted] [exempt - S.41(1)] . To clinical incident report any further unsafe discharges via the safeguard system.

By who: [redacted] [exempt - S.40(2)]

SUI-Grade-5- [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Staff collecting duplicate information but on different forms increasing the risk of error. Documentation review and implementation of monitoring forms within patient rooms.

By who: [redacted] [exempt - S.40(2)]

SUI-Grade-5- [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Staff unfamiliar with stool sample specimen collection procedures. Share stool sample collection procedures with all staff

By who: [redacted] [exempt - S.40(2)]

SUI-Grade-5- [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Pressure mattress not identified and ordered in a timely manner. To review triage process to identify need prior to transfer and to embed pre-ordering where equipment required

By who: [redacted] [exempt - S.40(2)]

SUI-Grade-5- [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)]

All staff to ensure through top to toe assessment must be conducted on any patient suffering a fall and prior to the patient being moved

By who: [redacted] [exempt - S.40(2)]

SUI-Grade-5- [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] falls risk assessment and care plan not completed [redacted] [exempt - S.41(1)] . All staff to ensure that falls risk assessment and care plans are completed reviewed and updated

By who: [redacted] [exempt - S.40(2)]

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| <p>SUI-Grade-5- [redacted] [exempt - S.41(1)]</p> <p>[redacted] [exempt - S.41(1)] Separate fluid and diet charts were confusing. Charts to be reviewed</p> <p>By who: [redacted] [exempt - S.40(2)]</p>  |
| <p>SUI-Grade-5- [redacted] [exempt - S.41(1)]</p> <p>[redacted] [exempt - S.41(1)] Incomplete/conflicting/out of date information on referral forms. To undertake a monthly audit on the referrals receive with agreed standards for completion</p> <p>By who: [redacted] [exempt - S.40(2)]</p>  |
| <p>SUI-Grade-5- [redacted] [exempt - S.41(1)]</p> <p>[redacted] [exempt - S.41(1)]</p> <p>. All staff to be reminded that where appropriate patients should be referred to the TVN</p> <p>By who: Clinical leads</p>  |
| <p>SUI Grade 5 [redacted] [exempt - S.41(1)]</p> <p>[redacted] [exempt - S.41(1)] Entries not timed in MDT notes by medics. For IPSM to write to lead consultant [redacted] [exempt - S.40(2)] and request that this is brought to their attention through their various meetings/forums.</p> <p>By who: [redacted] [exempt - S.40(2)] (to do alert)</p>  |
| <p>Grade 5 [redacted] [exempt - S.41(1)]</p> <p>The Modern Matron is to contact NWS and arrange to meet to discuss issues arising from NWS attending [redacted] [exempt - S.41(1)] in relation to Pennine Care.</p> <p>By Who; Modern Matron</p> <p>12.1.2011 Update from [redacted] [exempt - S.40(2)] - completed.</p>  |
| <p>Grade 5 [redacted] [exempt - S.41(1)]</p> <p>Ward pharmacist to be advised of negative side effects of medication experienced by individual patients through the daily report out meetings that take place on the wards.</p> <p>By Who; [redacted] [exempt - S.40(2)] (Clinical Lead)</p>  |
| <p>Grade 5 [redacted] [exempt - S.41(1)]</p> <p>All nursing staff to attend mental state examination training that will be provided by the Advanced Practitioner. Mental State examination template to be used during 1:1 sessions to ensure consistent approach to completion and documentation of mental state assessments. Monitoring of mental state assessments to be completed through utilisation of local inpatient documentation audit.</p> <p>By Who; [redacted] [exempt - S.40(2)] (Advanced Practitioner) / [redacted] [exempt - S.40(2)] (Clinical Lead)</p> |



Grade 5 [redacted] [exempt - S.41(1)]

Procedure to be implemented on the ward to ensure all staff ascertain the planned whereabouts and expected time of return of all patients (formal and informal) who take planned or unplanned leave from the ward. Procedure to be agreed and implemented through the safe observation module of the productive ward programme

By Who; [redacted] [exempt - S.40(2)] (Clinical Lead)

Grade 5 [redacted] [exempt - S.41(1)]

Ward staff to be reminded of their responsibilities regarding completion of all required documentation through team meetings. Regular local inpatient documentation audit to be completed for random sets of notes by clinical lead to monitor adherence to documentation standards.

By Who; [redacted] [exempt - S.40(2)] (Clinical Lead)

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] For PCFT to be aware of all services provided by MMHSCT, inclusion/exclusion criteria and referral processes.

By who: [redacted] [exempt - S.40(2)] and [redacted] [exempt - S.40(2)] in collaboration with MMH SCT.

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] As a minimum all patients should receive two 1:1 sessions per week unless on leave

By who: [redacted] [exempt - S.41(1)] Ward Manager

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] Risk assessments must be completed in full, with an appropriate formulation.

By who: [redacted] [exempt - S.41(1)] Ward Manager

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] Discharge care plan should be completed in full with the relevant information.

By who: [redacted] [exempt - S.41(1)] Ward Manager to speak to the individual involved

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Lack of evaluation and updates on care plans. For staff to adhere to regular care plan evaluations and document accordingly-This should also be reflected on the PSAG board

By who: [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Risk assessment of patients following serious self harm attempts. For all staff to be aware of the risk management and assessment process following serious self harm attempts. [redacted] [exempt - S.40(2)] to speak with ward manager on staff awareness of risk management and observation levels.

By who: [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] . Following a serious self harm attempt all patients should be nursed on 1:1 if admitted to the acute Trust until the risk assessment dictates otherwise.

By who: [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Documentation around care plans fell short of the Trust standard. For staff to adhere to regular care plan evaluations and document accordingly-This should also be reflected on the PSAG board. Peer review audit of documentation to be undertaken by Modern Matron [redacted]

[exempt - S.40(2)] and Ward Manager [redacted] [exempt - S.40(2)]

By who: [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Lack of awareness by [redacted] [exempt - S.41(1)] staff of 'Transfer Protocol CL25 V5. For [redacted] [exempt - S.40(2)] to email [redacted] [exempt - S.40(2)], Safeguarding lead and [redacted] [exempt - S.41(1)] task & finish lead member for protocol to promote awareness of protocol

By who: [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Absence of psychology for in-patients. To increase awareness for inpatient staff on the referral process for psychological therapies and consideration via CBU to identifying funding for a psychologist to work across the unit

By who: [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Level of bank usage on [redacted] [exempt - S.41(1)] . This is due to vacancy and sickness

All vacant posts to be recruited to.

By who; [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Bank staff training not managed

Report to head of HR detail implications of this

By who; [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Use of DNAR policy out of office hours

Process of cover between Consultants to be established. [redacted] [exempt - S.40(2)] agreed to take this issue to the Consultants meeting

By who; [redacted] [exempt - S.40(2)]

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] IR to be discussed at OAB and the findings, recommendations and Actions to be discussed.

By who: [redacted] [exempt - S.40(2)] - Acting Ward Manager

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] Meeting with Junior Doctors to discuss and protocol post falls to be discussed.

By who: [redacted] [exempt - S.40(2)] - Acting Ward Manager

[redacted] [exempt - S.41(1)] - Grade 5 incident

[redacted] [exempt - S.41(1)] Staff need to be fully aware of the MVA policy around weapons

By who: [redacted] [exempt - S.40(2)]

[redacted] [exempt - S.41(1)] - Grade 5 incident

[redacted] [exempt - S.41(1)] The room is to be kept locked at all times when not in use, the cupboards are going to be fitted with locks by estates and the cupboards will be kept locked at all time.

By who: [redacted] [exempt - S.40(2)]

SUI - Grade 5 - [redacted] [exempt - S.41(1)]

[redacted] Communication with ambulance staff- crew did not bring any equipment into the building. [redacted]

[redacted] [exempt - S.40(2)] will discuss with NWAS and feedback concerns [redacted]

[redacted] [exempt - S.40(2)]

By who: [redacted] [exempt - S.41(1)]

Grade 5 [redacted] [exempt - S.41(1)]

CRHT and Ward team to meet and develop improved interface working and protocol - this will include 1) agreement for each client going on leave - an individual contingency plan in the event of no access or contact being made; 2) advance communication and planning between the ward / CRHT to ensure client knows what support will be available whilst on leave from MHU & when that support will be available - times of planned contact for example.

By Who; [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

Ward staff to develop a protocol / practice guide of expectation for the planning, risk assessment, documentation and client / family engagement in home leave from ward.

By Who; [redacted] [exempt - S.40(2)]



Grade 5 [redacted] [exempt - S.41(1)]

Standards of documentation to be raised as a standing agenda at all team meetings / supervision sessions.

Audit of case notes to be routine on wards.

Active performance management to be undertaken when deficits highlighted and staff do not respond to supervision / guidance.

By Who; [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

Open and honest discussions to continue with family under guidance of Trust Solicitor to respond to concerns identified by family.

By Who; [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

Senior Management Team to review individual performance and accountability of staff [redacted]  
[redacted] [exempt - S.41(1)]

By Who; [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

Awareness of the Physical Health Policy for Service Users aged 18 years and over (V5) to be promoted through teams meetings.

By Who; [redacted] [exempt - S.40(2)]

SUI Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Review of Triage system already in place.

By who: [redacted] [exempt - S.40(2)] and [redacted] [exempt - S.40(2)]

SUI Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] [redacted] [exempt - S.41(1)] to feedback to [redacted] [exempt - S.41(1)] as unsafe discharge.

By who: [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

Ward manager to discuss in supervision with staff the importance of ensuring physical observations are completed and audit current practice

By who: [redacted] [exempt - S.40(2)]

[redacted] [exempt - S.41(1)] E-mail from [redacted] [exempt - S.40(2)]: completed

[exempt - S.41(1)] Grade 5

[exempt - S.40(2)] discuss [exempt - S.40(2)] the use anyipsychotic medication in older people and particularly those with dementia

[exempt - S.41(1)] According to workplan: COMPLETED [exempt - S.41(1)]

[exempt - S.41(1)] Grade 5

Ward manager to discuss in supervision with staff on the ward the appropriate use and dosages of antipsychotic medication in older people with dementia, with advice from pharmacist and with reference to prescribing guidance from older peoples Consultants

By who: [exempt - S.40(2)]

[exempt - S.41(1)] E-mail from [exempt - S.40(2)]: completed

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] Staff to be advised by email and item to be added to team meeting agenda that should a patient attend an appointment at another organisation / agency they must ensure that they send any relevant information with the patient and document this in the records

By who: [exempt - S.40(2)]

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] Nursing staff should be reminded by email and at a staff meeting of their accountability and responsibility in terms of following up clinical care communication

By who: [exempt - S.40(2)]

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] . Staff to be advised by email and added to team meeting agenda to complete the Transfer of Care document which must include any relevant clinical information and be sent with the patient to the appointment. Copy of document to be retained within patient record.

By who: [exempt - S.40(2)]

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] will develop a clinical risk matrix or use an established matrix to inform their decision making. This must be recorded in the patient record that consideration of this matrix has been completed

By who: [exempt - S.40(2)]

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| <p>SUI-Grade-5- [redacted] [exempt - S.41(1)]</p> <p>[redacted] [exempt - S.41(1)] did not report the unexpected death [redacted] [exempt - S.41(1)] via the Trust incident reporting system. [redacted] [exempt - S.40(2)] will reflect on this and present this learning at the staff meeting when staff are debriefed on this IR. Staff to attend face to face incident report training facilitated by the Risk Dept. Staff to complete Elearning training when available</p> <p>By who: [redacted] [exempt - S.40(2)]</p> |
| <p>SUI-Grade-5- [redacted] [exempt - S.41(1)]</p> <p>[redacted] [exempt - S.41(1)] Some record keeping did not meet Trust record keeping standards and although observations were recorded, this was not done consistently. All staff to attend record keeping training. All relevant staff to be advised by email and team meetings to ensure all observations are correctly recorded. Audit of records to be completed and further action planning as necessary.</p> <p>By who: [redacted] [exempt - S.40(2)]</p>           |
| <p>SUI [redacted] [exempt - S.41(1)] Grade 5</p> <p>[redacted] [exempt - S.41(1)] Adherence to recording of physical observations. For staff to adhere to carrying out physical observations and recording them accurately or recording the reasons for not doing so i.e. patient refused.</p> <p>By who: [redacted] [exempt - S.40(2)] &amp; Ward Managers</p>   |
| <p>SUI [redacted] [exempt - S.41(1)] Grade 5</p> <p>[redacted] [exempt - S.41(1)] Staff to accurately calculate MEWS score upon completion of physical observations. For staff to adhere to carrying out physical observations and recording them accurately or recording the reasons for not doing so i.e. patient refused</p> <p>By who: [redacted] [exempt - S.40(2)] &amp; Ward Managers</p>  |
| <p>SUI [redacted] [exempt - S.41(1)] Grade 5</p> <p>[redacted] [exempt - S.41(1)] Urine sample not obtained - Urine samples are asked for upon admission [redacted] [exempt - S.41(1)] this is not always recorded accurately by staff. Staff to ensure accurate documentation of interventions and actions</p> <p>By who: [redacted] [exempt - S.40(2)] &amp; Ward Managers</p>  |
| <p>SUI [redacted] [exempt - S.41(1)] Grade 5</p> <p>[redacted] [exempt - S.41(1)] Diet and fluid intake not monitored as per admission plan: Busy ward environment. May not have been handed over to the team effectively. Ward team to ensure key information is added to the handover sheet and the Patient Safety at a Glance (PSAG) board upon admission.</p> <p>By who: [redacted] [exempt - S.40(2)] &amp; Ward Managers</p>  |
| <p>SUI [redacted] [exempt - S.41(1)] Grade 5</p> <p>[redacted] [exempt - S.41(1)] Review by medic not completed as requested during the night of [redacted] [exempt - S.41(1)] - Unsure other than on call doctor may have been too busy covering 2 sites. Staff to ensure contemporaneous notes kept regarding request for medical review - staff to be made aware of process to escalate to second medic on call if no response.</p> <p>By who: [redacted] [exempt - S.40(2)] &amp; Ward Managers</p>                       |
| <p>SUI Grade 5 - [redacted] [exempt - S.41(1)]</p> <p>Awaiting review by PSIG. Actions will be added once TIR has been reviewed/closed</p>  |

Grade 5 [redacted] [exempt - S.41(1)]

To ensure all tasks from the ward round are both written in the diary, on the task board and handed over to the next shift as required.

By Who; [redacted] [exempt - S.40(2)] and Ward Manager

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] Nursing staff to complete lying, standing and sitting BP as part of routine baselines observations and as part of the falls risk assessment

By who: [redacted] [exempt - S.40(2)] - Ward Manager

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] For staff to be reminded in relation to their responsibilities with regard to appropriateness and importance of incident reporting.

By who: [redacted] [exempt - S.40(2)] - Ward Manager

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] The ward manager will remind staff that in the case of an acute medical emergency [redacted] [exempt - S.41(1)] that an emergency ambulance should be called.

By who: Ward Manager

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] MM 080 GUIDELINES FOR THE MANAGEMENT OF OPIOID WITHDRAWAL IN PATIENTS ADMITTED TO HOSPITAL Version 2 - [redacted]

[redacted] [exempt - S.41(1)] Mental Health pharmacist to contribute to a review of the Acute Trust pharmacy process for when a discharge prescription for methadone is received. To request that when processing these prescriptions the pharmacist contact the prescriber to check whether discussion has taken place with the Drug and Alcohol Service.

By who: [redacted] [exempt - S.40(2)] - Senior Pharmacist

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Service managers to advise ward manager by memo to be shared with staff. [redacted] [exempt - S.41(1)] and [redacted] [exempt - S.41(1)] Ward Managers will discuss the MM080 guidance in a staff meeting, attach the guidance and distribute to all ward staff.

By who: [redacted] [exempt - S.40(2)] Ward Manager - [redacted] [exempt - S.41(1)] Completion date by

[redacted] [exempt - S.41(1)]

[redacted] [exempt - S.40(2)] Ward Manager - [redacted] [exempt - S.41(1)] Completion date

[redacted] [exempt - S.41(1)]

[redacted] [exempt - S.40(2)] - Lead Consultant



SUI [redacted] [exempt - S.41(1)] Grade 4 / 5

[redacted] [exempt - S.41(1)] Staff induction checklist to be updated to reflect importance of escalating concerns and process for handing over any concerns to shift-coordinator so that information is not missed/ this is to also reflect the importance of interrupting handover should there be any issues identified by ward staff during handovers, so that next shift is aware of these issues.

By who: [redacted] [exempt - S.40(2)] to update induction checklist. [redacted] [exempt - S.40(2)] will e-mail staff on the ward to ensure all aware of procedure for handovers.

SUI [redacted] [exempt - S.41(1)] Grade 4 / 5

[redacted] [exempt - S.41(1)] Diary jobs are to be checked on each shift, this is to include whole diary to ensure that all jobs have been addressed or where appropriate re-scheduled.

By who: [redacted] [exempt - S.40(2)] - Ward Sister, [redacted] [exempt - S.40(2)] to e-mail staff to inform of responsibility of checking the whole diary. [redacted] [exempt - S.40(2)] to put label in the diary in night staff's jobs to ensure that day jobs are completed or rescheduled.

SUI [redacted] [exempt - S.41(1)] Grade 4 / 5

[redacted] [exempt - S.41(1)] Staff nurse to be made aware of importance of clear documentation in nursing entries such as reasons for refusal of medication and sleep pattern during the night. This will be discussed and monitored with [redacted] [exempt - S.40(2)] in supervision.

By who: [redacted] [exempt - S.40(2)] Ward Manager

SUI [redacted] [exempt - S.41(1)] Grade 4 / 5

[redacted] [exempt - S.41(1)] [redacted] [exempt - S.40(2)] to be made aware of procedure of escalating being unable to complete observations to shift-coordinator. This will be discussed with [redacted] [exempt - S.40(2)] in supervision.

By who: [redacted] [exempt - S.40(2)] - Ward Sister, [redacted] [exempt - S.40(2)] to address in supervision with [redacted] [exempt - S.40(2)].

SUI [redacted] [exempt - S.41(1)] Grade 4 / 5

[redacted] [exempt - S.41(1)] Respiration rate is to be taken and recorded every time when carrying out patients physical observations as per mandatory training and TPR, BP, MEWS chart. Staff are to be made aware of importance of completing all physical observations required to appropriately identify any early warning scores

By who: [redacted] [exempt - S.40(2)] - Ward Sister, [redacted] [exempt - S.40(2)] already addressed with [redacted] [exempt - S.40(2)] in debrief [redacted] [exempt - S.40(2)] where [redacted] [exempt - S.40(2)] reflected on importance and acknowledged the need of taking/ recording respirations.

SUI [redacted] [exempt - S.41(1)] Grade 4 / 5

[redacted] [exempt - S.41(1)] In an emergency situation nurses must ensure that they dial the correct bleep number to summon the doctor; if an urgent response is required they should consider the use the fast bleep to summon the doctor. Nursing staff are to be reminded of the fast bleep process and when to use this.

By who: [redacted] [exempt - S.40(2)] Ward Manager, [redacted] [exempt - S.40(2)] will share this advice with other inpatient units on site at [redacted] [exempt - S.41(1)] .

SUI [redacted] [exempt - S.41(1)] Grade 4 / 5

[redacted] [exempt - S.41(1)] There was a date error on the front page when an existing risk assessment was updated on admission. Staff must ensure that they thoroughly check that dates are accurate when updating the risk assessment.

By who: [redacted] [exempt - S.40(2)] Ward Manager [redacted] [exempt - S.40(2)] Ward Manager



SUI [redacted] [exempt - S.41(1)] Grade 4 / 5

[redacted] [exempt - S.41(1)] Junior Doctor on call and Nursing Staff processes to be reviewed/ revised to ensure that all clinical situations are captured and actioned by both on-call Junior Doctor and Nursing Staff.

By who: [redacted] [exempt - S.40(2)] Lead Consultant. [redacted] [exempt - S.40(2)] Ward Manager

SUI [redacted] [exempt - S.41(1)] Grade 4 / 5

[redacted] [exempt - S.41(1)] Where a plan for leave from the ward is made the terms of leave must be explicitly documented in the medical notes. The person accompanying the patient the patient during escorted leave must be informed of any risks and be made explicitly aware of the expectations from services about the terms of leave, they should be asked to confirm that they are in agreement with the restrictions around leave, and are able to facilitate these. Consent will be required from the patient prior to information regarding risks being shared with the person escorting leave; where consent is declined the leave plan will need to be reviewed. Local guidelines will be issued to doctors and nurses regarding expectations when a patient is granted escorted leave from a ward. Local guidelines to be taken to the Trust wide ACF for discussion and with a view to share these across the Trust.

By who: [redacted] [exempt - S.40(2)] Lead Consultant. [redacted] [exempt - S.40(2)] Ward Manager

[redacted] [exempt - S.40(2)] governance lead to liaise with [redacted] [exempt - S.40(2)] Service Line Manager to request that guidelines are discussed.

SUI [redacted] [exempt - S.41(1)] Grade 4 / 5

[redacted] [exempt - S.41(1)] Patient signing out form to be updated to reflect that on return patients are being asked how leave went, and to include that any issues identified by staff signing patients back into the ward have been handed over to the nurse in charge.

By who: [redacted] [exempt - S.40(2)] will update form/ e-mail staff re changes to form and importance of compliance. (ONGOING)

By who: [redacted] [exempt - S.40(2)] will share the revised signing out form with the modern matron and ask that consideration is given re sharing this with other boroughs across the Trust. [redacted] [exempt - S.40(2)] to share the revised form with [redacted] [exempt - S.40(2)] IPSM North Division (COMPLETED)

SUI-Grade-5-[redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Staff unclear about roles and responsibilities post fall & physio input. All staff to attend newly developed falls prevention training

By who: [redacted] [exempt - S.40(2)]

SUI-Grade-5-[redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Criteria & referral process to physio to be made clear for all staff. All patients assessed as being at risk of falls admitted to the ward should be screened & assessed by physio.

Physio should make an entry into clinical notes regarding clinical input

By who: [redacted] [exempt - S.40(2)] Physo

Grade 5 [redacted] [exempt - S.40(2)]

Governance Department to arrange MDT review of the care given and establish the circumstances of the events leading up to [redacted] [exempt - S.41(1)] death.

By Who; [redacted] [exempt - S.40(2)], SDGM

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| Grade 5 [redacted] [exempt - S.41(1)]  |
| Submit report to Patient Safety Improvement Group for review.  |
| By Who; [redacted] [exempt - S.40(2)], SDGM  |
| SUI-Grade-5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] Patients lying and standing blood pressure to be recorded as per guidance. Guidance on orthostatic hypotension to be re-issued to all qualified staff . Guidance to be displayed in treatment room. Manager to monitor compliance<br>By who: [redacted] [exempt - S.40(2)] ward manager   |
| SUI-Grade-5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] A formal bed rails risk assessment to be completed where it is suggested by family or professionals that they should be used. All staff to read the bed rails policy and sign to agree they understand their responsibilities. This to be filed in supervision notes<br>Manager to monitor compliance<br>By who: [redacted] [exempt - S.40(2)] ward manager |
| SUI-Grade-5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] All required Trust documents regarding moving and handling to be completed on admission as per policy. Staff to be reminded in staff meeting. To be monitored in practice by ward managers.<br>By who: [redacted] [exempt - S.40(2)] ward manager   |
| SUI [redacted] [exempt - S.41(1)] Grade 5<br>Awaiting review by PSIG, actions will be added once discussed and agreed closed at PSIG   |
| SUI-Grade--5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] Observations were not recorded fully. For all staff to be aware of and comply with the requirements within the Observation and Engagement policy V8<br>By who: [redacted] [exempt - S.40(2)]   |
| SUI-Grade--5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] Observations were not recorded fully [redacted]<br>[redacted] [exempt - S.40(2)] [redacted] [exempt - S.41(1)] . [redacted]<br>[redacted] [exempt - S.40(2)]<br>By who: [redacted] [exempt - S.40(2)]  |
| SUI-Grade--5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] Contact with family/Duty of Candour. For [redacted] [exempt - S.41(1)] family to be invited to a meeting with the service manager [redacted] [exempt - S.40(2)] & the Ward Manager [redacted] [exempt - S.40(2)] in order to feedback the findings of this report<br>By who: [redacted] [exempt - S.40(2)]   |
| SUI-Grade--5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] No physical health care plan. For care plan template to be amended and contain prompt for staff on physical health needs<br>By who: [redacted] [exempt - S.40(2)]  |

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] Let all staff know what happened in this incident and that meal times can be particularly high risk times because a limited number of staff are moving a large number of patients from one area of the ward to another. All staff should aim to be available at this time and non urgent work or handovers should be delayed until meal times have finished completely. The Service Manager should share the incident review with staff on the ward to ensure protected time is maintained at mealtimes. Staff need to consider which patients may be more agitated or more at risk than others and consider assisting those patients first. Service Manager to send a memo out to qualified staff on the unit asking staff to implement this procedure.

By who: [exempt - S.40(2)] - Service Manager

Memo attached to Safeguard

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] Physiotherapy assessment and interventions are very important in this particular ward environment. If prompt Physiotherapy assessments cannot be achieved this should be escalated to the Service Manager. Service Manager to send a memo out to qualified staff on the unit asking staff to implement this procedure.

By who: [exempt - S.40(2)] - Service Manager

Complete - Memo attached to Safeguard

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] If staff hear of a patient's death [exempt - S.41(1)] who has had a recent discharge from one of our wards then they should complete an incident form. Service Manager to send a memo out to qualified staff on the unit asking staff to implement this procedure.

By who: [exempt - S.40(2)] - Service Manager

Complete - Memo attached to safeguard

SUI [exempt - S.41(1)] Grade 5

[exempt - S.41(1)] ensure competency of staff in correctly completing the MEWS physical observation record.

By who: Matron [exempt - S.40(2)]

Grade 5 [exempt - S.41(1)]

Contacted estates re removal of wardrobe doors

By Who; [exempt - S.40(2)]

[exempt - S.41(1)] According to workplan:COMPLETED [exempt - S.41(1)]

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| Grade 5 [exempt - S.41(1)]   |
| Working with staff around review and observation and engagement  |
| By Who; [exempt - S.40(2)]   |
| SUI Grade 5 - [exempt - S.41(1)]<br>[exempt - S.41(1)] Staff to be reminded at handover and at team meeting that Samples must be taken immediately if patients become symptomatic with unexplained Diarrhoea and/or Vomiting.<br>By who: [exempt - S.40(2)]<br>[exempt - S.41(1)]  |
| SUI Grade 5 - [exempt - S.41(1)]<br>[exempt - S.41(1)] The use of antibiotic therapy within in patient units. Quarterly antibiotic audits to be completed on in patient units. So that agreed learning outcomes to be produced and agreed action plans.<br>[exempt - S.40(2)] to liaise with [exempt - S.40(2)] to put audit tool and calendar in place<br>By who: [exempt - S.40(2)]<br>[exempt - S.41(1)]          |
| SUI [exempt - S.41(1)] Grade 5<br>[exempt - S.41(1)] Review of Triage system already in place when re-admitting patients back to [exempt - S.41(1)] following a hospital admission.<br>By who: [exempt - S.40(2)]  |
| SUI [exempt - S.41(1)] Grade 5<br>[exempt - S.41(1)] [exempt - S.40(2)] Accident & Emergency Allied Health Professionals Team Leader to link directly with A&E clinical lead [exempt - S.40(2)] to establish an action learning plan following the TIR by [exempt - S.41(1)]<br>By who: [exempt - S.40(2)]   |
| SUI [exempt - S.41(1)] Grade 5<br>[exempt - S.41(1)] [exempt - S.41(1)] A&E AHP Team Leader to share these concerns with clinical director for Unscheduled Care [exempt - S.40(2)]<br>[exempt - S.41(1)]<br>By who: [exempt - S.40(2)]   |
| SUI [exempt - S.41(1)] Grade 5<br>[exempt - S.41(1)] Lack of detailed documentation by other members of the multi-disciplinary team. A&E AHP Team Leader to share these concerns with clinical director for Unscheduled Care [exempt - S.40(2)] and urgent care social work team manager [exempt - S.40(2)] by [exempt - S.41(1)]<br>By who: [exempt - S.40(2)]  |
| Grade 5, [exempt - S.41(1)]<br>[exempt - S.41(1)] DNR should be considered and discussed with patients and relatives prior to admission to the ward if there are serious ongoing physical/mental health concerns. Alternatively should physical health rapidly deteriorate and the NOK cannot be contacted MDT to consider DNR<br>By who: Meetings with RAID Liaison Manager, [exempt - S.41(1)] Ward Manager and GP |



Grade 5, [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] NOK telephone number incorrect. RAID/Liaison Team to ensure NOK details are correct

By who: [redacted] [exempt - S.40(2)], Service Manager to speak with RAID Liaison Team Manager

Grade 5, [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Staff unclear as to who take the lead on [redacted] [exempt - S.41(1)] Ward in terms of organising best interests meetings when palliative care options are being considered. Service Manager to meet with Ward Manager and lead GP to establish who assumes the lead role in best interests planning.

By who: [redacted] [exempt - S.40(2)], Service Manager

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] A clear pathway of the signing of the death certificate needs to be determined; in order to avoid conflicting and confusing information being passed to family members in the event of the death of a relative.

By who: Discussion to take place between the team, the service and the supporting medical staff that provide doctor cover to [redacted] [exempt - S.41(1)]

Grade 4 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Home Treatment Team had [redacted] [exempt - S.41(1)] failed contacts. For Home Treatment staff to be aware of escalation process

By who: [redacted] [exempt - S.40(2)]

SUI Grade 4 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Lack of awareness of escalation process for failed contacts. To ensure all HTT are aware of the process by tabling it on the ASBM and the DIGG

By who: [redacted] [exempt - S.40(2)]

SUI Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Staff at [redacted] [exempt - S.41(1)] to be up to date with skills to manage emergency event and identify early warning signs.

By who: All staff at [redacted] [exempt - S.41(1)]

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] Incident to be discussed within team meeting to feedback on management of even and support with future events.

By who: Management at [redacted] [exempt - S.41(1)]

Grade 5 [redacted] [exempt - S.41(1)]

Staff to be provided with observation policy. (copies already on ward). Each staff member will be sent an individual copy. Nursing staff will also be reminded in handovers and team meetings to ensure they write their full name and designation when completing any documentation.

by Who; [redacted] [exempt - S.40(2)]



Grade 5 [redacted] [exempt - S.41(1)]

To be discussed at the Trust Integrated Governance Group and in the Quarterly Governance review that senior management level within the Trust to liaise with Acute Care providers re the criteria for allowing those deemed to be 'medically fit' to return to mental health inpatient wards with particular regard to the standard of physical health care that can be reasonably expected to be delivered by mental health staff.

By Who; [redacted] [exempt - S.40(2)], Deputy Director of Nursing and Integrated Governance

Grade 5 [redacted] [exempt - S.41(1)]

staff reminded about being vigilant when undertaking observations. This will be done via handovers and supervision.

By Who; [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Ward nurses will ensure that where a GP has reviewed a patient that the GP document the assessment and plan in the medical notes before leaving the ward. To be communicated to the nursing team via a memo. Incident, lessons learned and actions to be discussed in the team meeting.

By who: [redacted] [exempt - S.40(2)] - Ward Manager

SUI-Grade-5-[redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Inform staff to update the incident form for a confirmed diagnosis of injury. Staff meeting, monitoring.

By who: [redacted] [exempt - S.40(2)]

SUI Grade 5 - [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)]  
[redacted] [exempt - S.40(2)] to discuss and action with [redacted] [exempt - S.40(2)] the most appropriate governance mechanism to feed back to [redacted] [exempt - S.41(1)] the issues relating to the clarity of information received

By who: [redacted] [exempt - S.40(2)]

SUI Grade 5 - [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] staff did not re-screen patient for MRSA as per Pennine Care policy

. All staff to be reminded of the correct procedures to be followed when a patient is identified as MRSA positive. All staff to sign that they have read and understand Policy CL70 Prevention and Management of Methicillin Resistant Staphylococcus Aureus By who: [redacted] [exempt - S.40(2)]

SUI Grade 5 - [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Lack of understanding amongst staff on the correct use of the Modified Early Warning Score (EWS) assessment tool. All staff required to use the Medical Early Warning Score receive instruction on how to use this tool

By who: [redacted] [exempt - S.40(2)]

SUI Grade 5 - [exempt - S.41(1)]

[exempt - S.41(1)] . All staff ensure that they complete any actions required as indicated by a patient's Medical Early Warning Score

By who: [exempt - S.40(2)]

SUI Grade 5 - [exempt - S.41(1)]

[exempt - S.40(2)]. Staff to attend the referring ward and physically assess patients prior to acceptance [exempt - S.41(1)]

By who: [exempt - S.40(2)] (Clinical Lead)

SUI Grade 5 - [exempt - S.41(1)]

[exempt - S.41(1)] staff to attend Acute Trust bed management meeting on a daily basis to ensure that they are fully briefed with all relevant clinical information about patients who are being referred.

By who: [exempt - S.40(2)] (Clinical Lead)

Grade 5 [exempt - S.41(1)]

Comments given forwarded by [exempt - S.40(2)], Trust Resuscitation Officer will be communicated directly to the team involved via team meetings. These comments will also be discussed at the Adult Service Line Integrated Governance Group and Older People's Service Line Integrated Governance Group.

By Who; Clinical Governance Manager

expected date; ASIGG [exempt - S.41(1)] & OPIGG [exempt - S.41(1)]

Grade 5 [exempt - S.41(1)]

Training will be delivered to ward staff by the ward manager and governance manager re; standards around completing observation documents.

By Who; Clinical Governance Manager

Grade 5 [exempt - S.41(1)]

Meeting planned between [exempt - S.40(2)] and Acute Trust Senior to look at interface for complex clients.

By Who; [exempt - S.40(2)]

Grade 5 [exempt - S.41(1)]

[exempt - S.41(1)]

[exempt - S.40(2)]

by who; Ward Managers

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)]

[redacted] [exempt - S.40(2)]

by who; vn

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)]

[redacted] [exempt - S.40(2)]

by who; ward manager

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] For all staff to be aware they must commence CPR unless there is a valid DNAR in place.

[redacted] [exempt - S.40(2)] to send memo to all [redacted] [exempt - S.41(1)] In-Patient Ward Managers for dissemination to teams

by who; Ward Manager/In-patient Services manager/Resuscitation Officer

Grade 5 - [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Door register incomplete

For the door register to be fully completed at all times by staff

By who: [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Door register to be rolled out across the adult wards in the North Division

For all of the adult wards in the North Division to implement the door register system as part of good practice.

By Who; [redacted] [exempt - S.40(2)] & Ward Managers

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] AWOL Policy CL6, V5 due for review

For the AWOL/ Missing persons policy to be reviewed through a task & finish sub group from Trust ACF

By Who; [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Accurate description of patients who are missing

For staff to provide accurate descriptions of patients clothing etc when reporting to the police. Or if unsure to give a general description of the person if staff unsure of the clothing being worn

By Who; [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] CCTV Not Working

For the CCTV equipment to be fully operational at all times

By who [redacted] [exempt - S.40(2)]

SUI Grade 5 - [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Introduce the Trusts new MEWS tool and ensure staff are up to date in their training. To introduce the use of the Trusts new MEWS tool. Every member of qualified staff will have a discussion in supervision with the band 6 clinical lead or service manager regarding the use of this tool once it is introduced.

By who: [redacted] [exempt - S.40(2)]

SUI Grade 5 - [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Use of Trust procedures around the MCA 2005 when a patient is unable to comply with physical health investigations. Clinical meeting to be held with medical and nursing staff to ensure the policy and procedure is used and understood

By who: [redacted] [exempt - S.40(2)]

Grade 5 [redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Ward manager to remind staff in team meeting that weekly MUST assessment should be completed on all patients.

By who: [redacted] [exempt - S.40(2)] Ward Manager

SUI-Grade-5- [redacted] [exempt - S.41(1)]

Concerns have been raised [redacted] [exempt - S.41(1)] around the use of new psychoactive substances (also referred to as 'legal highs'). Increased searches of rooms. Awareness / Education sessions for both staff and patients Task & Finish group to develop Trustwide approach to managing concern.

By who: [redacted] [exempt - S.40(2)]

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| <p>SUI-Grade-5- [redacted] [exempt - S.41(1)]</p> <p>Whilst hourly observations are completed and documented using the Trust standard documentation sheet, this does not ask for a record of breathing being checked. All staff to be aware of the Observation &amp; Engagement Policy, in particular attention should be made to the section around checking on breathing.</p> <p>Unit manager to instruct staff where required on how to observe for breathing and where it would be appropriate to escalate concerns.</p> <p>By who: [redacted] [exempt - S.40(2)]</p> |
| <p>SUI [redacted] [exempt - S.41(1)] Grade 5</p> <p>Awaiting review by PSIG, actions will be added once discussed and agreed closed by PSIG</p>   |
| <p>Grade 5 [redacted] [exempt - S.41(1)]</p> <p>Documentation to be audited via essence of care benchmarking exercises</p> <p>By who; Ward Manager</p>  |
| <p>Grade 5 [redacted] [exempt - S.41(1)]</p> <p>In relation to [redacted] [exempt - S.40(2)] Comments, Clinical Governance Department have discussed [redacted] [exempt - S.40(2)] comments with the Ward Manager who is to meet with ward staff [redacted] [exempt - S.41(1)]</p> <p>By who; Ward Manager</p>  |
| <p>SUI Grade 5 - [redacted] [exempt - S.41(1)]</p> <p>[redacted] [exempt - S.41(1)] [redacted] [exempt - S.40(2)]</p> <p>By who: [redacted] [exempt - S.40(2)]</p>  |
| <p>SUI Grade 5 - [redacted] [exempt - S.41(1)]</p> <p>[redacted] [exempt - S.41(1)] [redacted] [exempt - S.40(2)] to raise awareness of the observation policy and process with [redacted] [exempt - S.40(2)] and to ensure this is cascaded down to team. [redacted] [exempt - S.40(2)] to meet with [redacted] [exempt - S.40(2)] on [redacted] [exempt - S.41(1)] to discuss observation policy process</p> <p>By who: [redacted] [exempt - S.40(2)]</p>   |
| <p>SUI Grade 5 - [redacted] [exempt - S.41(1)]</p> <p>[redacted] [exempt - S.41(1)] Continue with monthly documentation audit. For all adult wards in the ND to submit monthly documentation audit to [redacted] [exempt - S.40(2)].</p> <p>By who: [redacted] [exempt - S.40(2)] /Ward Managers</p>  |
| <p>SUI Grade 5 - [redacted] [exempt - S.41(1)]</p> <p>[redacted] [exempt - S.41(1)] [redacted] [exempt - S.40(2)] to raise awareness of missing persons protocol. [redacted] [exempt - S.40(2)] to meet with [redacted] [exempt - S.40(2)] on [redacted] [exempt - S.41(1)] to discuss missing persons process.</p> <p>By who: [redacted] [exempt - S.40(2)] &amp; Ward managers</p>  |



SUI Grade 5 - [exempt - S.41(1)]

[exempt - S.41(1)]

[exempt - S.40(2)] For all staff to be aware of the process for reducing observations and the associated documentation

By who: [exempt - S.40(2)]

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] On call Doctor is shared between 2 sites. The issues will be discussed within the CBU, DBU and DIGG meetings to raise this as an issue.

By who: Senior Manager [exempt - S.40(2)]

SUI-Grade-5- [exempt - S.41(1)]

[exempt - S.41(1)] There needs to be a clear method of contacting the on call doctor at all times. The issues will be discussed within the CBU and DBU meetings to raise this as an issue

By who: Senior Manager [exempt - S.40(2)]

SUI [exempt - S.41(1)] Grade 5

[exempt - S.41(1)] Consultant with lead for Junior Doctors' induction training to ensure that the doctors are aware of document -MM 064 - "Venous Thromboembolism (VTE) Risk Assessment & guidelines for the prescribing & administration of low molecular weight heparins" & that they considering all the inpatients that they are responsible for VTE prophylaxis. This needs to reviewed according to the circumstances of each individual patient & can be reviewed at each ward MDT review meeting.

By who: [exempt - S.40(2)], Lead Consultant

SUI [exempt - S.41(1)] Grade 5

[exempt - S.41(1)] Nursing staff to ensure VTE level 1 risk screen assessment is repeated if there has been a significant reduction in a patient's mobility which has lasted for longer than 24 hours.

By who: [exempt - S.40(2)]

Grade 5 [exempt - S.41(1)]

Discuss at [exempt - S.41(1)] Safeguarding Adults Board

By Who; [exempt - S.40(2)]

Grade 5 [exempt - S.41(1)]

[exempt - S.40(2)] to discuss administration of IV fluids at physical health care group

By Who; [exempt - S.40(2)]

Grade 5 [exempt - S.41(1)]

Ward manager to remind staff about the importance of documenting patient refusal to attend for investigations and refusal of diet and fluids.

By Who; [exempt - S.40(2)]

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| Grade 5 [REDACTED] [exempt - S.41(1)]   |
| Ward manager to remind staff that all student nurse entries in notes to be countersigned by nursing staff   |
| By Who; [REDACTED] [exempt - S.40(2)]   |
| Grade 5 [REDACTED] [exempt - S.41(1)]   |
| For discussion at Mental Health Act Forum whether use of capacity Act would have been more appropriate in this case.  |
| By Who; [REDACTED] [exempt - S.40(2)]   |
| Grade 5 [REDACTED] [exempt - S.41(1)]   |
| Leave plans and risk assessments prior to leave to be checked by ward manager or nominated deputy.  |
| By Who; Ward manager [REDACTED] [exempt - S.40(2)]  |
| Grade 5 [REDACTED] [exempt - S.41(1)]   |
| Review process for allocation of care co-ordinator to in patients. Communicate clear plan to OP teams in Tameside   |
| By Who; CMHT & HIT Team leaders, Ward managers [REDACTED] [exempt - S.40(2)]  |
| Grade 5 [REDACTED] [exempt - S.41(1)]   |
| Write ward standard re process when leave periods are postponed or changed for any reason this to include discussion with the Medical Staff.<br>Agree standard with Consultant Psychiatrists. |
| By Who; Ward Manager [REDACTED] [exempt - S.40(2)]  |
| Grade 5 [REDACTED] [exempt - S.41(1)]   |
| Formulation training for all qualified staff to support knowledge and skills required from STORM training.  |
| By Who; [REDACTED] [exempt - S.40(2)] (Psychologist)  |

Grade 5 [redacted] [exempt - S.41(1)]

STORM Training for all qualified staff.

Service Manager has requested bespoke training for staff to support following this incident.

By Who; Service Manager CPA & L&D Department

Grade 5 [redacted] [exempt - S.41(1)]

Action Plan to support staff following SUI Attach

By Who; Service Manager, Ward Manager HIT Manager

Grade 5 [redacted] [exempt - S.41(1)]

To review leave plans and leave processes - prepare checklist for leave plans for discussion with senior managers and then for implementation.

By Who; [redacted] [exempt - S.40(2)]

SUI-Grade5-[redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Some consideration re physical health monitoring of patients for staff. [redacted] [exempt - S.41(1)] there is a possible need for staff to escalate concerns of a deteriorating patient if a junior doctor does not respond in a timely fashion without good reason or plan put in place.

[redacted] [exempt - S.41(1)] this is not in keeping with guidance issued the Physical observations are to be a minimum of 2 hourly or more frequent if the patients physical condition warrants this

By who: [redacted] [exempt - S.40(2)]

SUI-Grade5-[redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] Regular junior cover for Older Age Psychiatry from current resources within service. I believe an arrangement has been made but this needs to be clarified and strengthened if appropriate

SUI-Grade5-[redacted] [exempt - S.41(1)]

[redacted] [exempt - S.41(1)] [redacted] [exempt - S.40(2)] lead consultant has been informed and [redacted] [exempt - S.40(2)] plans to ensure that a doctor is on the ward each day although this will not be all hours between 9-5 so there will still be gaps in the junior doctor cover on [redacted] [exempt - S.41(1)] .

By who: [redacted] [exempt - S.40(2)]

The Lessons learned element of this IR are to be discussed with the Service Director at the [redacted]

[redacted] [exempt - S.41(1)] CBU in relation to staffing and training.

By who: [redacted] [exempt - S.40(2)]

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| SUI-Grade5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] Consideration of instigating clearer data collection from people involved as close to the event as possible. Consider a system of investigation of all incidents within a set time period and to include relevant clinicians from adjacent boroughs   |
| SUI-Grade5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] Notes to be clearly secured within current agreed processes. If incidents like this involve a particular professional group, a member of that profession should be involved with the investigation.   |
| SUI-Grade5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] All staff to be mindful the key importance of documentation - not recorded, not happened. Training issues: Documentation for all staff and handover for medical staff including consultants   |
| SUI-Grade5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] Medical handover should be reinforced as a key feature at times of medical staff changeover. Process of escalating concerns if nursing staff are worried about a patient and struggling to get junior medical review. The ward consultant in hours and on call consultant out of hours is a resource that needs to be considered. Nursing staff encouraged to be empowered to take this initiative. |
| SUI grade 5 [redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] [redacted] [exempt - S.41(1)] to feedback to [redacted] [exempt - S.41(1)] as unsafe discharge.<br>By who: [redacted] [exempt - S.40(2)]   |
| SUI grade 5 [redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] Review of Triage system already in place.<br>By who: [redacted] [exempt - S.40(2)]   |
| SUI-Grade-5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] Not all of the care plans were updated. For staff to be reminded through team meetings and supervision to review and update care plans in a timely fashion.<br>By who: [redacted] [exempt - S.40(2)]   |
| SUI-Grade-5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] [redacted] [exempt - S.41(1)] . To increase awareness on implementing physical health care plans on the ward<br>By who: [redacted] [exempt - S.41(1)]  |
| SUI-Grade-5-[redacted] [exempt - S.41(1)]<br>[redacted] [exempt - S.41(1)] Previous entries on the door register were not completed fully. Staff to be aware and reminder do the need to complete all sections of the door register<br>By who: [redacted] [exempt - S.40(2)]  |

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| <p>SUI-Grade-5- [exempt - S.41(1)]</p> <p>[exempt - S.41(1)] . For staff to complete risk reviews only when patient is on the ward the exception being updating a previous risk assessment when a patient goes AWOL.</p> <p>By who: [exempt - S.40(2)]</p>  |
| <p>SUI [exempt - S.41(1)] Grade 5</p> <p>[exempt - S.41(1)] Establish protocol and expectations of porters at [exempt - S.41(1)] and ward staff in the event of a death</p> <p>By who: [exempt - S.40(2)]</p>   |
| <p>SUI [exempt - S.41(1)] Grade 5</p> <p>[exempt - S.41(1)] follow up response from NWAS</p> <p>By who: [exempt - S.40(2)]</p>  |
| <p>SUI [exempt - S.41(1)] Grade 5</p> <p>[exempt - S.41(1)] Clarify protocol re parking barrier in the event of an emergency</p> <p>By who: [exempt - S.40(2)]</p>  |
| <p>SUI Grade 5 [exempt - S.41(1)]</p> <p>[exempt - S.41(1)] All staff to be addressed as to their individual responsibilities to check patients are sleeping and that no changes in their breathing patterns have been noted. Staff briefings will take place and all staff will sign to say they have been informed.</p> <p>By who: [exempt - S.40(2)]</p> |
| <p>SUI Grade 5 [exempt - S.41(1)]</p> <p>[exempt - S.41(1)] All staff to be addressed in relation to their individual responsibilities of accurately documenting and recording on patients charts. Staff briefings will take place and all staff will sign to say they have been informed</p> <p>By who: [exempt - S.40(2)]</p>                             |
| <p>SUI Grade 5 [exempt - S.41(1)]</p> <p>[exempt - S.41(1)] On admission staff to ensure that up to date transfer of care notes from GPs are within patients files. Staff briefings will take place and all staff will sign to say they have been informed.</p> <p>By who: [exempt - S.40(2)]</p>   |
| <p>SUI Grade 5 [exempt - S.41(1)]</p> <p>[exempt - S.41(1)] Community staff must complete physical health check of all their patients. To be addressed within community team meetings will all staff.</p> <p>This needs to be addressed widely across all community teams.</p> <p>By who: Community Mental Health Managers</p>                              |
| <p>[exempt - S.41(1)]</p> <p>Contact the family in the next week to offer further support.</p> <p>By Who; [exempt - S.40(2)]</p>  |



By who: [REDACTED] [exempt - S.40(2)], Workforce and OD Governance Manager, [REDACTED] [exempt - S.40(2)], Project Manager - Temporary Staffing

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] Operational staff are reminded of their professional responsibilities to achieve and maintain the required competency for the role they undertake, and managers are reminded of their responsibility to ensure staff are competent in the role they undertake including support for those who have de-skilled and/or lapsed with their training (RC 2).

By who: HR BPs Service Directors, Assistant Director of Operations, Line Managers, [redacted] [exempt - S.40(2)] - Core & Essential Skills Training Manager, Staff

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] Junior and/or new doctors are provided with a copy of the equipment check sheet in order to assist in raising an awareness of the equipment stocked on the emergency trolley. This should not however be used to replace the requirement of a local induction (LL 3).

By who: The Trust Resuscitation Officer(s) will provide equipment sheet to the junior/new Doctors (including GP Trainees on the identified Medical Induction Days every year. The Medical Supervisor for their training/placement i.e. identified Consultant will provide the local induction check

SUI [redacted] [exempt - S.41(1)] Grade 5

[redacted] [exempt - S.41(1)] Scenario based resuscitation drill training is re-established to facilitate learning and support staff (LL 4).

By who: Scenario based resuscitation drill training will be re-launched [redacted] [exempt - S.41(1)] utilising the medical trainee intake from August to help facilitate along with both resuscitation officers, when lead and second trainer are recruited

SUI [redacted] [exempt - S.41(1)] Grade

[redacted] [exempt - S.41(1)] Strategies to increase effective team communication are incorporated into Trust Training e.g. Use of the SBAR (Situation Background Assessment Recommendation) structured communication process and tool (LL 5).

By who: The SBAR Communication tool is already utilised in the following training

- MVA
- STORM
- Risk Formulation
- ILS Audits
- It will be re-introduced to
- ILS Training
- Physical health Training
- MEWS Training
- ILS Drill Audits
- Clinical Skills courses for registered and non-registered staff

This will be the responsibility of

- The resuscitation Trainers
- CEST/PMVA trainers
- Modern Matrons

Grade 5 [REDACTED] [exempt - S.41(1)]

Incident to be reported to the Old Age Board

By Who; [REDACTED] [exempt - S.40(2)]

Grade 5 [REDACTED] [exempt - S.41(1)]

[REDACTED] [exempt - S.40(2)]. Consultant to attend the meeting with service manager

By Who; [REDACTED] [exempt - S.40(2)]

