

Sussex Partnership NHS Foundation Trust

Action Plan Responding to Verita's Independent Investigation into the Care and Treatment of Mr M and Mr P in August 2012 Verita's Ten Recommendations Were Fully Accepted by the Trust Status at November 2014

Reference	Recommendation	Actions	Responsible Person	Completion By (Date)	Evidenced By
R1	The Trust should ensure that all staff understand the Mental Health Act, in particular in respect of the criteria for the use of Sections 2 and 3.	Ensure all staff trained – rolling programme across the hospital supported by weekly audits of documentation, refreshing and reminding previous instructions and updates.	Service Director	Rolling programme in place, completing by December 2014	Training database Audit findings Records of advice and instruction to all staff
R2	The Trust should further review the Absence Without Leave / Missing Persons policy in conjunction with Sussex Police and ensure that staff in both organisations understand its operation.	Trust-wide policy review, involving Sussex Police, leading to revised policy, recognised by all parties as agreed, and based on best practice.	Head of Social Care and Director of Social Care & Partnerships	Completed	Revised policy in place and in use.
R3	The Trust should assure itself that informal patients are not detained illegally.	Regular audit of completion, recording and acting on capacity assessments.	Acute Clinical Lead	Completed	Mental Health Act audit reports and updates.
R4	The Trust should issue guidance to staff on the need to ensure that all risks are clearly set out in the risk management plan and communicated to staff. The Trust should also ensure that mechanisms are in place to make sure this happens.	Training on Risk Management for all staff Audits of Care Plans and Case notes Establishment of monthly Risk Assessment and Care Plan audit Review patient records as part of clinical supervision	Clinical Risk Lead	Completed	Training records, Audit findings Multi-Disciplinary Team meeting agendas. Notes audit findings Supervision records

R5	The Trust should establish a process with the Police, Probation and Prison services for rapidly obtaining information about forensic histories and index offences where patients are deemed a risk to others.	Reinforce awareness of agreed process ensuring issues of concern are escalated to the Head of Social Care as agreed.	Head of Social Care	Completed	Individual case examples where process has worked.
R6	The Trust should ensure that staff routinely involve families in discussions and decisions about a patient's care, in line with Trust policy.	Reinforce the importance of involving and including families in care discussions through standard template seeking their views. Establish weekly Multi-Disciplinary Team clinical reviews, fully involving families and carers	General Manager and Clinical Lead for Acute	Completed	Clinical notes audit Friends and Family Test feedback Individual patient records Feedback from patients and families in real time
R7	Multi-Disciplinary, integrated care and risk management "at a glance" plans should be implemented immediately pending the introduction of an IT system.	Ensure all staff follow Trust policy for clinical records. Clinical Records team and Nursing Team to review implementation of "at a glance" plans	General Manager	Completed	Clinical notes audit. Patient records
R8	All current active files should be reviewed and put in good order. The format of files should be reviewed and regular audits of files should take place until an IT system is in place.	Establish rolling programme of patient record audits, ensuring files are in good order at all times	General Manager	Completed	Programme in place, Trust-wide audit template in use Supervision records addressing issues.
R9	Pending the introduction of a ward-based IT system, a temporary procedure should be introduced which ensures that community and	Clinical Records team and Nursing Team to review processes ensuring it is safe.	General manager	Completed	Clinical notes audit Team meeting discussions Individual case

	ward notes are accessed as part of one process.				reviews
R10	The Trust should agree how and when a new integrated community and ward IT system will be introduced and should tell staff about it.	Procure new system Share regular updates with all staff Involve staff in developing the new system	Clinical Academic Director	Completed	System procured and rolling out. All staff briefed and training planned. Implementation in Adult Mental Health Services by Summer 2016.