### Serious Incident Learning Action Plan

**SI Reference:** SI715/2015 STEIS 2015/28712  
**Version/Date:** 1.1  
**Action Plan Author:** CPFT

Ref.1 Is a statutory requirement  
General Manager is ultimately responsible for the action plan

<table>
<thead>
<tr>
<th>Ref</th>
<th>Recommendation (taken from the Investigation report)</th>
<th>Action (what we need to do)</th>
<th>Level of recommendation (Team, Service, Directorate, Organisation)</th>
<th>Responsible Officer</th>
<th>Evidence</th>
<th>Completion Date</th>
<th>PROGRESS</th>
<th>Action Complete / RAG (for office use only)</th>
<th>Date Signed off</th>
<th>Signed Off By</th>
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</thead>
</table>
| 5   | The process of discharge from Cambridgeshire and Peterborough NHS Foundation Trust services to primary care must be supported by specific delivery standards that are formally monitored | Review and Audit discharge policy  
1. Update the PDCS and CALT SOPs to include general advice on re-referral – planned Prism, unplanned FRS. | Organisational | CPFT - Medical Director | 1. SOP and guidelines  
2. DMT agenda and minutes  
3. General Manager | 1) 28/2/19  
2) 31/03/19  
3) 07/07/19 | | | | |

Please highlight the action using a colour, depending on its priority:
- **Extreme**
- **High**
- **Low**
- **Medium**
|   | 2. Review in DMT  
 3. Circulate requirement for minimum information on discharge communication to service managers  
 4. Include on audit programme for directorate  
 5. Disseminate across CAMH and OPMH other directorates.  
 |   | emails to service managers  
 |   | 4) 28/02/19  
 |   | 5) 07/04/19  
 | 7 | Cambridgeshire and Peterborough NHS Foundation Trust must ensure that an understanding and assessment of insight is included in its risk management training  
 |   | Include Insight in risk management training  
 |   | Organisational  
 |   | CPFT Director of Nursing and Quality  
 |   | Slides 143-144  
 |   | Insight is covered in the formulation process of clinical risk training. It can be a protective factor i.e. if someone with dementia has insight it can be a risk but when they  
 |   | 18/10/18  

lose their memory sufficiently it can then become a protective factor. Or we discuss why a lack of insight has to be addressed in the care plan as a perpetuating factor because if someone does not have insight into the impact that their behaviour is having on them and others it has to be addressed.
MINIMUM STANDARDS FOR ACTION PLANS

The action plan must define:
- Who has agreed the action plan
- Who will monitor the implementation of the action plan
- How often the action plan will be reviewed
- Who will sign off the action plan and where will the “evidence of action” be recorded

The action plan should contain:

1. **Recommendations based on the contributing factors**: These should be the analysis and findings of the investigation – the recommendations from the report

2. **Action Agreed**: This should be the actions the organisation needs to take to resolve the contributory factor

3. **Level of Recommendation**
   - Do the actions need to be taken at
     - Unique …….specific to the organisation/team
     - Common……organisation specific
     - Universal …..have regional/national significance

4. **By Who**: Who in the Trust will ensure the action is completed

5. **Planned Action Start Date**: Date at which the organisation intends to start a particular action

6. **Planned action and start date**: Target date for completion of the action

7. **Resource Requirements**: To be able to complete the action – what resources are required?

8. **Evidence of Completion**: What evidence will be available to demonstrate that the action has been completed? This should include any intended post action plan review or audits

9. **Sign off**: Date when the action has been completed
| 10 | **Presentation / short brief on the learning /changes in practice** | What Groups/Committees need to be aware of this action plan? |