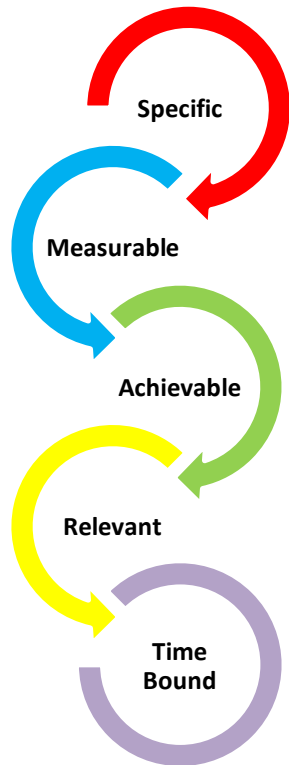


## Appendix D - Guidance for developing SMART Actions



### Guidance for developing SMART Actions

The purpose of an action plan on a Risk Assessment, Significant Event Audit report or Serious Incidents Requiring Investigation report is to identify an action that when completed will reduce the consequence or likelihood of the risk or the chance of the incident re- occurring.

Actions need to be Strong as well as SMART, The most effective action plans have stronger actions than education or reminders alone.

Weaker actions include anything where there is a possibility of human error for example staff following procedures or reading signs or posters. Consider, Discuss, Raise, Remind, Reflect, Reiterate and Tell are words to avoid in action planning.

Stronger actions do not depend on staff to remember to do the right thing they include, Testing new devices, processes and documentation, Leadership checks of process and documentation, Simplifying processes, hardware and software enhancements and modifications, Standardising equipment or processes to reduce variation. Complete, Develop, Evaluate, Introduce, Monitor and Trial, are words which will strengthen actions.

Always ensure that action plan leads have agreed to own the action and time frame is realistic prior to submitting.

Do not use abbreviations or jargon in action plans

A 90 second video related to SMART action planning is available at:

[http://ndht.ndevon.swest.nhs.uk/?page\\_id=51933](http://ndht.ndevon.swest.nhs.uk/?page_id=51933)

### Creating SMART Actions

S Specific	M Measurable	A Achievable/ Attainable	R Relevant	T Time Bound
<p>The action should spell out precisely what you hope to achieve. It should detail an observable action, behaviour or achievement and where possible be linked to a rate, number percentage or frequency</p>	<p>A system is needed to track or record the action, behaviour or achievement to establish if it is on target, overdue or has been reached.</p> <p>The updated NHS England guidance for Serious incident Framework requires that evidence of whether or not the action plan have resulted in the practice/ system improvement anticipated are available.</p>	<p>The objective needs to be realistic and capable of being reached. Plainly ridiculous actions do not motivate people to completing them.</p> <p>Ensuring the action has been agreed between involved participants rather than enforced will help to ensure the likelihood of successfully completing the action</p>	<p>An appropriate action is something that the Action Plan Lead can actually impact upon or change and is important to the organisation. Once achieved it will ensure that the risk has been reduced or that it has reduced the risk of recurrence of the incident.</p>	<p>There needs to be a realistic finish date or time scale. For the purposes of obtaining updates of the action progress this date needs to be on a last day of a month.</p>

**Good Example Action plans**

Action Plan					Please note that the author must agree the required actions with the proposed action leads before submitting this report		
Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Resource demand / constraints	Person Responsible	Action Completion date	Status
				Relevant	Timebound		
Staff failing to introduce themselves to patients resulting in a raise in complaints.	All staff to sign up to the campaign on BOB, print off image, write name on poster, have photo taken with sign and email as directed on BOB.  Ward manager and Senior Nurse to monitor and address any non-compliance.	1.0	All Staff to introduce themselves to patients and visitors by using the phrase 'Hello my name is', as per the campaign on Bob the Trust internet site.	None  Ward has access to camera.	Annette Curtain –Ward Manager	31/07/17	B
Non-compliance with the reporting of pressure damage.	Ward mangers during monthly documentation audits,	2.0	Introduce the body map of pre-existing pressure damage or wounds to support assessment and individualised care planning for pressure ulcer prevention and care planning.	Printing charts	Gail Force-Ward Manager	31/08/17	B
To facilitate decision making around complex case issues a Multi-Disciplinary Team meeting should be arranged, inclusive of parents/carers.	Reduction in incidents, complaints.  Auditable documentation to support these meetings	3.0	Lead clinical team to co-ordinate a documented Multi-Disciplinary Team discussion – conference call or face to face for all complex cases.	Time availability of all the team and parents/ carers.	Dr I Ball – Ophthalmology	Action Completed 11/05/17	G

Swiftplus system unable to produce a report of patient lists.	User friendly reports available	4.0	Contact manufacturer to explore solutions for producing user-friendly reports, including patient lists, from the Swiftplus system	Time,	Justin Time – IM & T	31/07/17	B
Local ward based specific training for ward staff in the recognition and rescue of deteriorating patients to include; 'Obs no Probs', how to complete manual blood pressure for non-registered staff, the use of SBAR (situation, background, assessment and recommendation) and the inclusion of this patients observations chart as a learning aid.	Audit to determine effectiveness of blood pressure recordings during test of change.	5.0	Work alongside resuscitation team and workforce development to develop a training programme for ward staff to undertake manual blood pressures	Time	Annette Curtain – Ward Manager	Action completed 31/12/17	G
		5.1	Provide manual blood pressure recording equipment	Cost of Equipment	Annette Curtain – Ward Manager	Action completed 30/11/17	G
		5.2	Ward manager, resuscitation team and senior nurse to determine length of test of change and to evaluate the impact on the reliability of observations	Time	Annette Curtain – Ward Manager	31/03/17	B
All neutropenic patients should be managed in the first hour by the ED team	Annual Neutropenic Audit	6.0	Redesign Neutropenic Sepsis Pathway to ensure Nurse in Charge informed of patient arrival, all neutropenic patients are managed by the Emergency Department in the first hour, and a check list for receptionists is in place	Time	Dr A Payne	31/08/17	B