

Meaningful Activities Standard Operating Procedure

V1.0

September 2019

1. Introduction

1.1. NICE Quality Standard QS50 - Mental wellbeing of older people in care homes states:

It is important that older people in care homes have the opportunity to take part in activity, including activities of daily living that helps to maintain or improve their health and mental wellbeing. They should be encouraged to take an active role in choosing and defining activities that are meaningful to them. Whenever possible, and if the person wishes, family, friends and carers should be involved in these activities. This will help to ensure that activity is meaningful and that relationships are developed and maintained.

This is transferable to the acute hospital setting and transferable from referring to only older people, but to a wider hospital population of vulnerable persons, where lack of stimulation can have a detrimental effect on their mental and physical well-being..

1.2. Meaningful activities is defined as:

Including physical, social and leisure activities that are tailored to the person's needs and preferences. Activity can range from activities of daily living such as dressing, eating and washing, to leisure activities such as reading, gardening, arts and crafts, conversation, and singing. It can be structured or spontaneous, for groups or for individuals, and may involve family, friends and carers, or the wider community. Activity may provide emotional, creative, intellectual and spiritual stimulation. It should take place in an environment that is appropriate to the person's needs and preferences, which may include using outdoor spaces or making adaptations to the person's environment. (Taken from NICE Quality Standard QS50 - Mental wellbeing of older people in care homes)

1.3. Royal Cornwall Hospital NHS Trust, through this Standard Operating Procedure, commits to ensuring meaningful activities are made available to vulnerable patients, here appropriate in a consistent and impactful way.

1.4. This version supersedes any previous versions of this document.

1.5. Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework standard operating procedure', or contact the Information Governance Team rch-tr.infogov@nhs.net

2. Purpose of this Standard Operating Procedure

2.1. This Standard Operating Procedure is in place to ensure meaningful activities are made available to vulnerable patients in an appropriate and consistent way.

2.2. It is particularly relevant to those vulnerable patients receiving high levels of enhanced care (this SOP should be read in conjunction with the Trusts Enhanced Care Policy)

2.3. This Standard Operating Procedure is operationalised at two levels:

2.3.1. General Hospital Ward Level

2.3.2. The Integrated Services for Older People ISOP Meaningful Activities Co-ordinator Level

2.4. For the purpose of this Standard Operating Procedure general wards are all adult wards across the Trust and at Integrated Services for Older People (ISOP) Meaningful Activities Co-ordinator Level, this related to a dedicated team linked to the core ISOP wards such as: Karensa Ward, the Trauma Unit, Tintagel Ward, Phoenix Ward) and those at those at West Cornwall Hospital.

3. Ownership and Responsibilities

3.1. The Chief Executive Officer and wider Trust Board have key roles and responsibilities to ensure the Trust meets requirements set out by statutory and regulatory authorities. These responsibilities are delegated to an Executive Lead with supportive structure to ensure and assure standards and expectations are met. These are described below.

3.2. Role of the Executive Lead

The Director of Nursing, Midwifery and Allied Health Professionals is the nominated Executive Lead and will be responsible for ensuring structures and processes are in place to assure delivery of this standard operating procedure. The Executive Lead will report to Trust Board on progress as required.

3.3. The Head of Nursing, Midwifery and Allied Health Professionals

Reporting to the Executive Lead, Head of Nursing, Midwifery and Allied Health Professionals have responsibility for the oversight and operationalisation of this standard operating procedure.

3.4. Role of the Director of Nursing, Midwifery and Allied Health Professionals Clinical Cabinet

The Director of Nursing, Midwifery and Allied Health Professionals Clinical Cabinet, who oversees the wider workforce agenda, is the ultimate reporting group for the standard operating procedure.

3.5. Role of Care Group Triumvirates

Care Group Triumvirates (Clinical Directors, General Managers and Heads of Nursing/Midwifery/AHPs) are responsible for ensuring their Care Group have effective mechanism for communication and dissemination of this standard operating procedure and associated information to all clinical teams.

3.6. Role of Clinical Matrons / Ward Sisters / Charge Nurses and Departmental Leads and Line-Managers

Line-managers are responsible for identifying and supporting implementation of this standard operating procedure, ensuring effective communication channels exist to the Care Group / Speciality representatives, encouraging dissemination of information and actions across the wider health and care team.

3.7. Role of Individual Staff

All staff members are responsible to ensure they comply with this Trust standard operating procedure.

4. Standards and Practice

General Hospital Ward Level

4.1. Eligible patients

4.1.1. The overall standard of practice expected for the effective delivery of meaningful activities is concentrated primarily for those patients who are receiving **Enhanced Care Level 3**.

4.1.2. Patient receiving Enhanced **Care Level 2 (Care Rounds)** at a high frequency and/or who are escalating in concerns over maintaining safety would benefit from the standard operating procedure

4.1.3. Patient de-escalating from Enhanced Care Level 4 to Level 3 will need to be considered for Meaningful Activities.

4.2. Delivery of the three core elements is set out here as essential components to engage meaningfully with these patients, their carers and families, to create an individualised meaningful activity plan to deliver in practice. The three core elements are:

4.2.1. This is Me / Passport complete and visible at the bedside.

4.2.2. A Meaningful Activities Care Plan being in place, recording personalised Work, Rest and Play activities.

4.2.3. Evaluation of the Meaningful Activities Care Plan is on-going.

These are detailed below:

4.3. This is Me / Passport across many health conditions such as dementia and a range of learning disabilities, a personal plan detailing preferences, likes and dislikes is required. This Standard Operating Procedure makes is a requirement for all eligible patient to have such a detailed this is me / Passport in place, completed and visible at the bedside.

4.4. Meaningful Activities Care Plans are required to be negotiated with the patient, carers and family to create a meaningful range of activities that are

appropriate and engaging for the person being supported. The care plans categorised these activities into three meaningful area:

4.5.

4.5.1. **WORK** – these are a range of tasks and activities that are either relevant to the persons current or previous work experiences that they enjoy and that can be replicated in the clinical area or they can be tasks relevant to the clinical area (cleaning, tidying, bed making, pillow stuffing, walking and visiting). Within this work category, self-care activities are included. Therefore plans need to include morning and bedtime routines, washing, dressing and personal care routines.

4.5.2. **REST** – it is vital to balance work and play with rest during the day, as we all would, it does not mean going to bed. Task and activities are personal to the person and may mirror their home activity and rest routine where possible. Rest may mean for them, relaxation, listening to the radio or watching television. It may be reading or for some resting in a chair, looking out a window or quietly on the bed.

4.5.3. **PLAY** – is important and a useful distraction. The whole day cannot be all play though. Understanding what play tasks and activities the person enjoys is useful and making time in the plan for these is important. It could be singing and dancing at a higher activity level to board and card games, quizzes and crosswords at a less active level.

Involving the person in their care plan's development and revising the plan regularly, even on a daily basis, will be helpful to further engage and personalise their plan and structure the day for them.

4.6. Evaluation of the Meaningful Activities Care Plan needs to be recorded in the contemporaneous health care record.

The ISOP Meaningful Activities Co-ordinator Level

4.7. The ISOP Ward areas have a dedicated team of Meaningful Activities Co-ordinators. This team works across these ward areas and works to the Ward Sister / Charge Nurse or Nurse-in-Charge, where appropriate, for that shift.

4.8. The Meaningful Activities Co-ordinators work and plan in the longer-term to create more therapeutic environments and build activity resources in these areas where the increasing levels of enhanced care and support are noted.

4.9. Meaningful Activities Co-ordinators will support these areas in delivering the three core elements of this Standard Operating Procedure. They will be available to occasionally rotate in to direct Enhanced Level 3 support for an individual for up to two hours in line with Trust policy for Enhanced Care.

4.10. Meaningful Activities Co-ordinators work to de-escalate the need for higher levels of enhanced care across the service, by direct action in these wards to bring meaningful activities – across the domains of work, rest in a more continuous presence. Evidence suggests less violence and aggression, less falls, less pressure

damage and increased nutrition and hydration status of patients can be brought about by bringing such meaningful activities to the wards in this way.

5. Dissemination and Implementation

5.1. This standard operating procedure will be cascaded by the standard operating procedure lead to care group management teams for communicating and sharing at a local clinical level, making all resources available to all relevant staff.

5.2. This standard operating procedure's implementation will be led by the Trust Innovation Leaders. Training and support will be made available by the Trust.

6. Monitoring compliance and effectiveness

Element to be monitored	Delivery of the 3 core elements set out in the standard operating procedure for individualised meaningful activity: <ol style="list-style-type: none"> 1. This is me Passport complete and visible; at the bedside. 2. Meaningful activities care plan in place recording personalised <i>Work, Rest and Play</i> activities. 3. Evaluation of meaningful activities plan.
Lead	Compliance with the SOP will be monitor by Clinical Matrons and Heads of Nursing, Midwifery and Allied Health Professionals
Tool	Matrons Rounds Form
Frequency	Spot checks on Matron Round when encountering patient on enhanced care level 3.
Reporting arrangements	Escalated concerns of poor or non-compliance reported through to speciality, care group or clinical cabinet where appropriate to address the issue.
Acting on recommendations and Lead(s)	Speciality, care group or clinical cabinet to address the issue and seek action and assurance of improvement
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

7.1. The document review process is managed via the document library. Document review will be every three years unless best practice dictates otherwise. The author remains responsible for standard operating procedure document review. Should they no longer work in the organisation or in the relevant practice area then an appropriate practitioner will be nominated to undertake the document review by the designated Executive Lead.

7.2. Revision activity will be recorded in the Versions Control Table to ensure robust document control measures are maintained.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Standard operating procedure'](#) or the [Equality and Diversity website](#).

8.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Meaningful Activities Standard Operating Procedure V1.0		
Date Issued/Approved:	1 st July 2019		
Date Valid From:	September 2019		
Date Valid To:	September 2021		
Care Group / Department responsible (author/owner):	Corporate Nursing, Midwifery and Allied Health Professionals		
Contact details:	01872 255043		
Brief summary of contents	This standard operating procedure provides staff guidance to deliver meaningful activities to vulnerable patient groups in hospital.		
Suggested Keywords:	Meaningful Activities, Enhanced Care		
Target Audience	RCHT ✓	CFT	KCCG
Executive Director responsible for Standard operating procedure:	Director of Nursing, Midwifery and Allied Health Professionals		
Date revised:	1 st July 2019		
This document replaces (exact title of previous version):	New document		
Approval route (names of committees)/consultation:	Director of Nursing, Midwifery and Allied Health Professionals Clinical Cabinet		
Divisional Manager confirming approval processes	Frazer Underwood Consultant Nurse / Associate Nurse Director		
Name and Post Title of additional signatories	None		
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	{Original Copy Signed}		
	Name: Kim O'Keeffe		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Standard operating procedure on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only

Document Library Folder/Sub Folder	Corporate Clinical
Links to key external standards	NICE Quality Standard QS50 - Mental wellbeing of older people in care homes
Related Documents:	Enhanced Care Policy Mental Capacity Act Policy Mental Health Act Policy
Training Need Identified?	Yes

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
1 Jun 19	V1.0	Initial Issue	Frazer Underwood, Consultant Nurse / Associate Nurse Director

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Standard operating procedure for the Development and Management of Knowledge, Procedural and Web Documents (The Standard operating procedure on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

<i>Name of Name of the strategy / policy / proposal / service function to be assessed</i> Meaningful Activities Standard Operating Procedure V1.0					
Directorate and service area: Corporate Clinical			Is this a new or existing document New		
Name of individual completing assessment: Frazer Underwood			Telephone: 01872 255043		
1. <i>Standard operating procedure Aim*</i> Who is the strategy / standard operating procedure / proposal / service function aimed at?	This standard operating procedure provides staff with requirement to deliver meaningful activities to vulnerable patient groups in hospital.				
2. <i>Standard operating procedure Objectives*</i>	Structured way to provide meaningful: work, rest and play activities for vulnerable patients				
3. <i>Standard operating procedure – intended Outcomes*</i>	Improved patient, carers an family experience Reduced harm from enhanced care				
4. <i>*How will you measure the outcome?</i>	Spot checks on Matron Round when encountering patient on enhanced care level 3.				
5. <i>Who is intended to benefit from the standard operating procedure?</i>	Patient, Carers an Families				
6a <i>Who did you consult with</i>	Workforce	Patients	Local groups	External organisations	Other
	✓				
b). <i>Please identify the groups who have been consulted about this procedure.</i>	Please record specific names of groups Director of Nursing, Midwifery and Allied Health Professionals Clinical Cabinet				

What was the outcome of the consultation?	Director of Nursing, Midwifery and Allied Health Professionals Clinical Cabinet – made minor amendments to the draft version of the standard operating procedure and approved final standard operating procedure
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7. The Impact
Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the standard operating procedure could have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		✓		This group are likely to experience a higher need for enhanced care. This SOP increasing opportunity to improve mental and physical well-being
Sex (male, female, trans-gender / gender reassignment)		✓		
Race / Ethnic communities /groups		✓		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		✓		This group are likely to experience a higher need for enhanced care. This SOP increasing opportunity to improve mental and physical well-being
Religion / other beliefs		✓		
Marriage and Civil partnership		✓		
Pregnancy and maternity		✓		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		✓		

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation. **or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.	Yes		No	✓
9. If you are not recommending a Full Impact assessment please explain why.				
Positive impact expected for vulnerable people within two protected groups. Overall assessed as having a neutral impact.				
Date of completion and submission	04/05/19	Members approving screening assessment	Standard operating procedure Review Group (PRG)	

This EIA will not be uploaded to the Trust website without the approval of the Standard operating procedure Review Group.

A summary of the results will be published on the Trust's web site.