

REPORT TO THE TRUST BOARD - 23 February 2012	
---	--

Title	CORONER'S INQUEST ACTION PLAN UPDATE - HEATHER WARD PATIENT, BRADGATE UNIT
--------------	---

Executive summary

In August 2011 the Trust Board received and approved an action plan to fully address the findings from the review which was initiated to remediate a number of issues identified in a Coroner's report following the suicide of a patient who had absconded from Heather Ward at the Bradgate Unit.

An update was presented to the November 2011 Trust Board when it was agreed a further update would be provided to the February 2012 Trust Board to provide assurance that actions are completed or on track.

The attached report details progress to date, which was reviewed by the Head of Service for Access, Divisional Governance Lead, Clinical Nurse Manager and Trust Patient Safety Lead and is on target. No significant implementation risks have been identified.

Recommendation

- Board is asked to receive assurance that the agreed actions are completed or on track.

Related Trust goals	<ul style="list-style-type: none"> • Goal 1 - We will meet service user and carer expectations through the delivery of care to the highest possible standards • Goal 3 - We will develop our staff to be the best that they can be • Goal 4 - We will operate as a high performing organisation, held to account for living our values
----------------------------	---

Risk and assurance	Financial implications have been addressed through the Finance & Performance Committee
---------------------------	--

Legal implications/ regulatory requirements	None applicable
--	-----------------

Presenting Director	Jackie Ardley, Chief Nurse/Director for Quality and Innovation
----------------------------	--

Author(s)	Vicky McDonnell Trust Lead – Quality and Patient Safety
------------------	---

*Disclaimer: This report is submitted to the Trust Board for amendment or approval
--

as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.

Future Trust Board reports will include reference to Due Regard.

TRUST BOARD – February 2012

CORONER'S INQUEST ACTION PLAN UPDATE - HEATHER WARD PATIENT, BRADGATE UNIT

1 Introduction and Background

On 29 June 2011, the Trust received a Rule 43 letter from HM Coroner's office. Rule 43 states that "where the evidence at an inquest gives rise to a concern that circumstances creating a risk of other deaths will occur or will continue to exist in the future, and in the Coroner's opinion, action should be taken to prevent the occurrence or continuation of such circumstances, or to eliminate or reduce the risk of death created by such circumstances..."

The key issue raised by the Coroner concerned the adequacy of the Trust's response when incidents or circumstances on a ward require increases in staffing levels. We initiated a review to remediate a number of issues identified in a Coroner's report and an action plan to address the issues was implemented

In August 2011, Trust Board approved an action plan to fully address the findings from the review and it was agreed that Trust Board would receive a further action plan update in February 2012 to provide assurance that the action plan has been implemented.

2 Aim

This report details progress to date, with regard to the action plan that is under implementation.

3 Recommendations

Board is asked to receive assurance that the agreed actions are completed or on track.

4 Discussion

The agreed action plan was in two parts and Appendix 1 details progress as at January 12th 2012.

The following provides progress against those nine actions appearing amber within the appended action plan.

- All acute Adult Mental Health Wards are now staffed to a ratio of 5:5:3. This will continue to be facilitated by use of bank staff until newly recruited staff are in post and their induction completed. It is accepted there will be occasions when the use of additional staff will be required to support the

wards when experiencing high levels of observation, this will be through the use of bank staff.

- The Trust has undertaken two tranches of recruitment for Health Care Support Workers. The first tranche of 13 HCSWs have started in post. The second tranche have been recruited to, 10 of which have start dates, 8 commencing on the 20th February, 1 on the 5th March and 1 on 19th March. The remaining 10 are at various stages of the recruitment process and we are waiting for various checks to be completed before start dates can be agreed.
- The evaluation process used an assessment centre approach with involvement from service users; this approach is currently being evaluated and will be presented to the Workforce, Organisational Development Group in March once completed.
- The initial action plan agreed eight key performance indicators; these can be found in Appendix 1. These indicators will continue to be monitored through performance frameworks both within and without the Division.
- The e- Rostering project continues to progress well. All Adult Mental Health wards are now implementing e-Rostering and are on target for this to be fully in use by 31 March 2012.
- The Duty co-ordinator guidelines are due to be ratified at the February 2012 Adult Mental Health Clinical Governance meeting.
- The annual Staffing Review, in each Division, in line with Royal College of Nursing (RCN) Guidance on safe nurse staffing levels in the UK (December 2010) and RCN best practice principles (2006) will begin in March 2012.
- The Care Pathway for People with Personality Disorders is completed and will be presented to the March 2012 Senior Clinical Quality Group meeting for ratification.

5 Conclusion

The action plan continues to be on progress for completion within the agreed timescales; an action plan closure report will be presented to the April 2012 meeting of the Quality Assurance Committee.

CORONER'S INQUEST ACTION PLAN UPDATE - HEATHER WARD

Key	Risk	Action On target	Action Complete
-----	------	------------------	-----------------

ACTION PLAN (PART ONE) – ADULT MENTAL HEALTH ACUTE WARDS

Recommendation 1: Adult Mental Health Acute Ward Staffing Levels
 Staffing levels on all Adult Acute wards at the Brandon and Bradgate should move from 4:4:3 to 5:5:3 to ensure that each ward is more responsive to changes in the volume and nature of care delivered.

Actions	Lead(s)	Evidence	Timescale	Progress to date
Recruitment process and timetable devised, with priority given to NHS Professionals Bank Staff awaiting preceptorship training or full time posts.	Divisional Director, Adult Mental Health/Adult Learning Disability (AMH/ALD) Services. Head of Human Resources AMH/ALD Services.	Performance on KPI targets. 5:5:3 staffing levels on all adult mental health acute wards. Agreed recruitment timetable.	Commence 1 September 11. Complete to agreed timetable.	Recruitment is complete and is on target for staff to be in post by April 2012 target
Shift parameters agreed and monitored e.g. ward managers and site coordinators are full time and supernumerary, observation level tolerances.	General Manager Adult Inpatient Services.		30 September 11	Action Complete
Key Performance Indicator (KPI) targets agreed for: <ul style="list-style-type: none"> • Bank staff usage. • Sickness/absence rates. • PICU transfers. • Compliments and complaints. • Mandatory training compliance. • Use and frequency of clinical supervision. • Incident rates – seclusion & absconsion. • Patient and staff surveys. 	Chief Information Officer. Divisional Director, AMH/ALD Services.		KPI targets agreed by 30 September 11	Action Complete

Recommendation 2: Adult Mental Health Acute Ward Staffing Issues Immediate staffing issues are reviewed on a ward by ward basis to confirm that all appropriate action is being taken.				
Actions	Lead(s)	Evidence	Timescale	Monitoring
Report with individual ward action plans produced in conjunction with Head of Human Resources, Adult Mental Health/ Adult Learning Services Division.	General Manager Adult Inpatient Services.	Report to Divisional Director	16 September 11	Action Complete
Recommendation 3: E-Rostering System Finalise the procurement of an e-rostering system to support management decisions about the level of staff required, and changes in that level.				
Actions	Lead(s)	Evidence	Timescale	Monitoring
Procurement of an e-rostering system supported by Trust Board. Prioritise Adult Mental Health Acute Wards for deployment in the first phase.	Director Quality & Innovation/Chief Nurse	Minutes of July 2011 Trust Board – Trust Board approval of the Capital programme for 2011/12.	28 July 11	Action Complete
Rostering policy implemented	Workforce Systems Manager Head of Human Resources AMH/ALD Services.	Compliance audit.	March 2012	On target for March 2012
Benefits Plan delivered and target benefits realised	E-rostering Project Manager. Workforce Systems Manager	KPI Reporting Reduction in Bank spend	August 2012	On target for March 2012

Recommendation 4: Adult Mental Health Acute Ward Operational policies and reporting protocols
 Guidelines for Duty Coordinators should clearly reflect their role in accessing additional staff and reporting protocols should be reviewed and areas for improvement identified.

Actions	Lead(s)	Evidence	Timescale	Monitoring
Review current operational policies to establish the need for review and re-issue.	General Manager Adult Inpatient Services.	Report to Divisional Director	30 September 11	Action Complete
Priority is given to the review and re-issue of Guidelines for Duty Coordinators at the Bradgate and Brandon Sites.	General Manager Adult Inpatient Services.	Guidelines for Duty Coordinators re-issued.	31 October 11 Revised to 29 th Feb. 12	Policy, awaiting ratification
Review documentation, logging and reporting protocols in use on all Adult Mental Health Acute Wards.	Clinical Governance Manager, AMH/ALD Services.	Report, with action plan, to Divisional Director.	31 October 11 Revised to 29 th Feb. 12	Documentation review near completion

ACTION PLAN (PART TWO) – Trust Wide Issues

Recommendation 1: Internal Investigations
 The actions identified by the Deputy Director of Nursing in the follow up review of the KB internal investigation should be implemented trust-wide.

Actions	Lead(s)	Evidence	Timescale	Monitoring
Include a chronology in the Root Cause Analysis investigation of actions taken by staff.	Head of Quality & Professional Practice	New Template.	31 August 11	Action Complete
Develop an investigation log template for use in all RCA investigations		Memo to Trust Investigators with new template		
Ensure investigators record material reviewed and associated findings.		Trust investigation training updates		

Use digital recorders to support the interview process in panel SUI investigations to ensure a full and accurate record is available.	Assistant Director Patient Safety	Digital recorders available to all future panel investigation teams.	16 September 11	Action Complete
Ensure discrepancies in witness information are challenged by the investigation team.	Assistant Director Patient Safety	Email reminder issued to Trust Investigators. Trust investigation training updates	1 August 11	Action Complete
<p>Recommendation 2: Inpatient Staffing Reviews Commission an annual Divisional inpatient staffing review to provide assurance to the Board that (i) satisfactory minimum staffing levels are in place on a continuous basis and (ii) that they are flexible and can respond to incidents and changing needs</p>				
Actions	Lead(s)	Evidence	Timescale	Monitoring
Conduct an annual Staffing Review, in each Division, in line with Royal College of Nursing (RCN) Guidance on safe nurse staffing levels in the UK (December 2010) and RCN best practice principles (2006)	Director Quality& Innovation/Chief Nurse. Chief Operating Officer	Annual inpatient staffing review recommendations approved by Board	March 2012	On target.
<p>Recommendation 3: Establish a Care Pathway for people with personality disorders and set out how multiple agencies can work together to deliver it.</p>				
Actions	Lead(s)	Evidence	Timescale	Monitoring
Develop a care pathway for people with personality disorders	Medical Director Divisional Clinical Directors	Care pathway agreed and ratified by AMH Services Divisional Management Team and Senior Clinical Group	31 October 11 Pathway to be ratified by March 2012	Pathway awaiting ratification