Devon Partnership NHS
NHS Trust

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[redacted]

RECEIVED 25 SEP 2014

Dr E Earland
HM Senior Coroner
Exeter and Greater Devon Coroner's Office
Room 226
Devon County Hall
Exeter
EX2 4QD

23 September 2014

Dear Dr Earland

Re: Elaine Jobe (deceased) – Inquest 9 to 13 June 2014

Regulation 28 Report to Prevent Future Deaths

Thank you for your letter of 11 August 2014 which we received on the 13 August 2014 following the inquest into the death of Elaine Jobe. As an organisation we are committed to learning from these tragic events and have since receiving your report and recommendations taken the opportunity to share your findings with the service involved as well as across the wider trust.

As you will be aware the Trust undertook a Root Cause Analysis Investigation following the death, the Root Cause Analysis report contained a number of recommendations; all of which were accepted and the actions were completed. It is clear following review of your report and consideration of your recommendation that there remain improvements that can be made to prevent future deaths of this nature.

I have attached a report which details our response to your recommendation and each of your matters of concern. Whilst we have been able to complete the actions that were identified in the original Root Cause Analysis the additional actions which are detailed on the attached report are all expected to be completed by January 2015 and will be monitored through our quality assurance processes.

I hope that the actions described demonstrate our commitment to the learning we have undertaken. If you required any further information please do not hesitate to contact me.

Yours sincerely

[redacted]

Melanie Walker
Chief Executive

Trust response to the Regulation 28 Report to Prevent Future Deaths following the inquest in to the death of Elaine Jobe

The coroner's report identified three matters of concern, each of these have been reviewed and the following report responds to each of these in turn.

1. Lack of Record Keeping

Inadequate/lack of record keeping on the Rio of:-

(i) Risk assessments and details of those persons making the assessments

(ii) Lack of information regarding the levels of observations and the persons actually making the observations.

Since the sad death of Elaine the following changes to practice have been made and can be evidenced.

(i) The Trust has Best Practice and Consistency of Recording on Rio for inpatient services, which includes risk assessments. Within 7 hours of admission, a risk assessment is completed by the admitting nurse and doctor. The time and names of the staff completing the assessment are automatically generated and inputted by the electronic patient record system on Rio.

Risk assessments are to be updated on the inpatient service weekly. Risk is discussed on a daily basis in the morning patient review meetings, during handovers and at ward rounds reviews are documented directly onto the electronic patient care record.

(ii) The Trust Inpatient Service Engagement and Safety Policy sets clear expectations on the recording of observation levels, both in terms of directly onto the electronic care record for any patient on heightened levels of observation and for allocating staff to carry out the observations.

Level 1 hourly observation is the minimum requirement. Some patients dependent on their risk management plan, will be on heightened levels 2-4. Staff are allocated these duties on an hourly rota. Staff are aware of their allocated slots by completion of the Staff Allocation Chart, please see attached. These forms are completed and available in a prominent position in the ward office where staff have access and know where to locate them. Once they are no longer required, after each day, they are removed and archived for 2 years as per Trust Policy.

Clinical recording of the hourly observations for Level 2-4 are recorded directly onto the patient's electronic care record after every hour by the nurse who has completed the observations.

2. Training

Records of training of staff in the making of risk assessment and in understanding the meaning of the different levels of observations and implementation of the same.

Since the sad death of Elaine the trust has reviewed its arrangements and put in to place the following. The Trust requires registered and unregistered staff to be trained in Level 1 Risk Management and all registered staff to be trained to Level 2. Training is repeated every 3 years. Training reports show that all staff have completed Levels 1 and 2 dependent on their registration.

Training in the Inpatient Services Engagement and Safety Policy is undertaken on the ward as training needs to take account of any environmental and risk factors specific to the ward. Training for new staff is part of the ward induction programme and for existing staff, training is updated following any review of policy, paying particular attention to any changes in the policy that require a change in practice.

3. Communication of Patient Status to Incoming Staff

Communication of patient status with other members of staff and identification of a named nurse with responsibility for each patient on every shift needs to be reviewed so all staff are clear as to which patients they must monitor.

Since the death of Elaine the ward has an allocation board that is completed for every 24-hour period, showing the staff on duty and which patients they are allocated to. The board is in a prominent position on the ward so that staff and patients can see it. Next to this board is a staff photo board to help patients recognise staff members if they are new to the ward.

At the start of each shift, a shift planner is completed, which we are able to provide if needed. Amongst other areas the planner also shows which staff are allocated to which patient. These are displayed prominently in the ward office where all staff have access. At the end of each shift these are removed and replaced with a new one for the current shift, ensuring only the current planner is displayed. The planners once removed from the office are kept and archived for 2 years. The Trust also has minimum Best Practice Clinical Shift Handover Standards. The Standards include prompts for information on every patient that is needed to be handed over to oncoming staff.

Current Assurance Measures are received by:-

- Monthly clinical records monitoring
- Executive safety walkarounds
- Peer Visits
- Supervision
- Training Records
- Incident reporting via Risk Management System

Assurance from the CQC inspection on the 3-7 February 2014 on the inpatient wards at NDDH found that:-

"There were high levels of engagement with patients to monitor their mental wellbeing".

"Effective risk assessment and risk management policies and procedures were understood and followed by staff".

" We attended handover meetings on both wards during this visit and saw care plans and risk assessments were displayed for staff to see and used to guide the team discussion. We saw information was continually updated during the handover".

"Patients are informed about different levels of observation by their named or allocated nurse, which is in the information booklet in every bedroom. For example, a patient told us they wanted to harm themselves but said "I feel very safe here" and " all of the staff are very caring they're always checking and asking if you are ok"

"Patients consistently praise the quality of engagement and support they receive from staff"

Additional action to be taken following Regulation 28 Report

The Trust has policies, standards and guidance in place for the areas of concern noted in the report. It is not seen as required to introduce new standards, but to ensure the embeddedness of those currently in place. The Trust has several assurance measures in place, but further actions as described below will be put in place to provide additional assurance.

ACTION

Risk Management

1/ Additional training has occurred during July and August. Although all staff were in date before the additional training, it is planned that all staff will have additional face-to-face training from the Clinical Risk Practice Education Facilitator by the end of December 2014.

2/ The Facilitator will provide feedback on risk assessments and formulating risk management plans based on the Standard Operating Procedures and best practice. Each month a random sample of risk assessments will be reviewed to demonstrate competency.

By Ward manager, consultant psychiatrist, senior nurse, Clinical Risk Practice Education Facilitator

To be completed by January 2015

Inpatient Services Engagement and Safety

3/ The policy is currently under review, once this is completed, (deadline 31st October 2014), local ward-based training will be delivered on the policy and evidence collected.

4/ Random monthly audits of patients on Levels 2-4 to ensure recording of observation levels are embedded as per the policy in both the electronic patient record and on the staff allocation record

By Ward manager, charge nurse & senior nurse

To be completed by January 2015

Handover Practice Standards

5/ The Practice Standards have been reviewed in September by senior nurses and ward managers and agreed and as part of the Trust annual audit plan, this has been an area identified for audit for completion by the end of 2014. Planned Nov 2014

6/ In addition to the audit - ward manager and senior nurse will attend handovers periodically to review embeddedness of practice standards

To be completed by December 2014

Communication

7/ Random audit of the shift planners to be carried out to ensure completion of all areas.

By Ward manager

To be completed by December 2015

8/ Staff to introduce themselves to each patient they are allocated at the beginning of the shift. Practice compliance will be audited twice weekly until it is embedded

By Ward Managers and deputies

To be completed by January 2015

Monitoring and assurance of actions

The actions detailed will be added to the Directorates Quality Improvement Plan and our central risk management system. Progress against these actions will be reported to the Directorate Governance meetings and through to our Quality and Safety Committee. Our Experience, Safety and Risk team will monitor progress and receive evidence to demonstrate that the actions have been completed.

Date: 24 September 2014