

From the Executive Office

Direct dial: [REDACTED]

Our ref:

30 March 2015

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Dear Mrs Brown,

Re. Henry Denis Whitwell POWELL

Further to your report dated 18 February 2015, in accordance with paragraph 7, Schedule 5 of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013, I offer the following response.

We have investigated the matters you raised in your report, relating to concerns about discharge care planning, the conflict currently between the policies governing transfer arrangements between University Hospitals of Leicester NHS Trust (UHL) and Leicestershire Partnership NHS Trust (LPT), the inadequate co-ordination between services, and the communications between stakeholders in the provision and ordering of bed rail equipment.

Please note that the scope of our response relates to adults over the age of 18 years and each concern is addressed in turn below. The LPT Action Plan that follows from our responses is at the Annex and will be monitored by Board's Quality Assurance Committee.

- 1. The discharge care planning was inappropriate and there was a significant misunderstanding regarding the intended and appropriate use of the bed rails which suggested insufficient training of discharge staff.***

Health care professionals working for LPT will discharge patients with bed rails and order bed rails where assessed as appropriate. This takes place predominately in community in-patient services. It may also occur in Mental Health Services for Older People (MHSOP), Adult Mental Health and Learning Disability Services.

Our health care professionals working within an in-patient setting are trained in the appropriate use of bed rails through the essential to role falls training. All staff working within these areas have undertaken a clinical workbook that incorporates falls training. The clinical workbook is being replaced with a continuous roll out training programme for all healthcare professionals. Currently compliance records for falls training is held locally on each ward. We are in the process of establishing how training compliance can be reported on divisionally to enable wider scrutiny.

Chair: Professor David Chiddick CBE Chief Executive: Dr Peter Miller



From May 2015 falls training will be included on the Trust's centralised training database (ulearn) system giving a more systematic approach to recording and monitoring of compliance to falls training.

The correct use of bed rails is included within the staff induction, and also in the annual update mandatory moving and handling training for all our healthcare staff.

The Integrated Community Equipment Service (ICES) will be providing essential training for staff that are able to assess patients for bed rails and order bed rails, especially when transferring from hospital to community environments. When this training becomes available LPT will support staff to attend.

2. *There is a conflict currently between the policies governing transfer arrangements between hospital (UHL) and community (LPT) and the provision and ordering of equipment, which can now be done directly by the hospital.*

Our Lead Nurse for Community Services, Community Health Service division is leading the development of a shared policy for the safe use of bedrails. Representatives from LPT, UHL, ICES and West Leicestershire Clinical Commissioning Group have met and agreed the areas for development and wider consideration. The draft combined policy will be available for each organisation to adopt by the end of April 2015.

A standardised assessment and risk assessment flowchart to determine the appropriateness of bedrails for individual patients has been devised for use in all organisations. This will ensure that patients will be assessed for the safe use of bed rails using the same process regardless of the environment in which they are cared for. The risk assessment will be used in conjunction with a standardised care plan for patients assessed as suitable for use of bed rails. These will be available within the shared policy and as separate workable documents. The development of a standardised approach to risk assessment and care planning will aid communication and transfer arrangements of patients.

3. *Co-ordination between services is inadequate, resulting in equipment being ordered by the hospital, but not thereafter being followed up or assessed in the community.*

The newly devised shared policy for the safe use of bedrails will include the responsibilities of staff when transferring patients, stating when and who will provide on-going risk assessments. For patients discharged from healthcare services with an on-going need for bed rail use with formal or in-formal carers a minimum standard of information will be provided. The local authorities have been involved to determine the most appropriate transfer of care arrangements for those patients who do not have a continued health care need.

The ICES will be including a message within their newsletter to alert all staff to the need to share bed rail assessments, risk assessments and the type of bed rail provision on discharge. The communication from ICES will be delivered to all healthcare professionals across the organisations including LPT's healthcare professional staff that are able to order equipment.

4. *Equipment is supplied by a single gatekeeper, NRS Healthcare, and an alert system is intended to ensure communication has taken place between all*

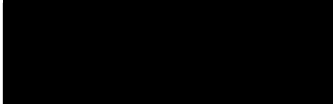
stakeholders, but I was advised that this system has not been implemented; early implementation would assist in resolving the current difficulties.

An alert on the NRS Healthcare ordering system has been put in place.

The alert requires the healthcare professional ordering the equipment to confirm that a full assessment and risk assessment has been completed that supports the bed rails are a safe and appropriate for the individual patient. The system will not allow the order for bed rails to be placed if the risk assessment is not confirmed.

LPT takes these concerns very seriously and I trust that you will be satisfied that we have taken the appropriate measures to prevent such an occurrence happening again.

Yours sincerely



Dr Peter Miller
Chief Executive

Annex: LPT Action Plan

Annex 1

LEICESTERSHIRE PARTNERSHIP TRUST
REGULATION 28 ACTION PLAN

| Key Action | Sub-actions | By whom | By when | Progress |
|---|---|---------------------|------------|---|
| <p>Newsletter to be circulated by Integrated Community Equipment Services (ICES) to all healthcare professionals across organisations to re-enforce the importance of appropriate use of bed rails, completion of assessment and risk assessments prior to ordering and regular reassessment.</p> | <ul style="list-style-type: none"> • ICES to draft an item within the newsletter. • ICES to distribute newsletter to all healthcare professionals. • Newsletter to be circulated within LPT. | VP (Victoria Peach) | March 2015 | Completed March 2015 |
| <p>Lead Nurse Community CHS to lead a multi-organisation group to develop one universal risk assessment tool and agreed content for care plans used in all healthcare settings.</p> | <ul style="list-style-type: none"> • Meetings to be organised with UHL, ICES, Commissioners and LPT representatives. <ul style="list-style-type: none"> ◦ Community Nurse ◦ CHS In-patient ◦ AMH/LD In-patient ◦ LD OT ◦ UHL discharge team ◦ Commissioners • Risk assessment tool to be devised and agreed. • Content of care plan to be agreed and consistent across UHL and LPT. | VP | April 2015 | Completed March 2015 |
| | | VP | April 2015 | Draft risk assessment flowchart completed for ratification with revised policy – March 2015. Care plan group met March 2015. |
| | | LB (Laura Belshaw) | April 2015 | |

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|---|--|--------------------------------------|----------------------------|---|
| <p>Lead Nurse Community CHS to lead a multi-organisation group to develop a shared 'Safe Use of Bedrails' policy that will be adopted for use across LPT, UHL and ICES.</p> | <ul style="list-style-type: none"> • Review of current policies to be completed. • Draft shared policy to be devised outlining roles and responsibilities for transfer of care arrangements. • Recommended policy to be reviewed by Clinical Effectiveness Group for ratification at Quality Assurance Group. | VP | May 2015 | Draft version commenced – March 2015. |
| <p>All staff to be up to date with relevant current training that is associated with bed rail usage; namely falls training and mandatory moving and handling.</p> | <ul style="list-style-type: none"> • Lead Nurses to raise the importance of staff attending the moving and handling mandatory training at professional meetings. • All staff to be up to date with attendance at mandatory moving and handling training and essential role training for safe use of bedrails, line managers are responsible for ensuring staff attend. • To ensure that falls training is available to be reported on centrally through inclusion on u-learn. | Lead Nurses All line managers | April 2015 May 2015 | Completed in CHS Community services March 2014. |
| <p>For the ratified 'Safe Use of Bedrails' policy to be shared across all relevant groups to be implemented in practice.</p> | <ul style="list-style-type: none"> • Communication across LPT to inform line managers of revised policy. • Revised policy to be implemented in practice; line managers are responsible for ensuring staff are made aware of the revised policy. | All line managers | June 2015 | |