

Trust Headquarters
Health & Wellbeing Suite
Sandwell Hospital
Lyndon
West Bromwich
B71 4HJ

27th September 2016

Mrs L Hunt
H.M. Coroner
Birmingham and Solihull Areas
50 Newton Street
Birmingham, West Midlands
B4 6NE



Dear Mrs Hunt,

Re: Regulation 28 Report – Winston Harris

I am in receipt of your Regulation 28 Report following the Inquest and your ruling on 6 April 2016, in respect of the late Mr Winston Harris. The absence of an application for a Deprivation of Liberty Safeguard on Mr Harris was of equal concern to me and to the Board. Given that we have made significant efforts to alter our approach with the aim of ensuring we achieve a good practice state by the start of 2017. This letter outlines what we have done and plan to do.

Current practice – September 2016

As you would expect we have the necessary policies and procedures in place. These provide both advice and instruction to staff. Having re-checked that material it remains suitable and is available to staff through our Intranet web site. What we have decided we need in order to augment that approach is an aide memoire or prompt for staff. This will be in place by the end of October.

The Trust is a national pilot site for work on Focused Care. Very commonly such patients are in receipt of capacity assessment, which then drives their additional nursing and care needs. These patients are registered centrally via our Safeguarding system. We have audited the compliance with DOLS for such patients. That audit continues on a rolling basis and we would expect to see the volume of cases rise among that cohort.

We have a well-developed training approach with staff. In recognising that the framework around DoLS is in place, the focus of attention is on the need to raise awareness, rather than revise the process. A programme of ongoing education and awareness is well advanced. To date it has included:

- Two workshop sessions which were well attended by 83 multidisciplinary staff, including ward sisters, matrons, allied health professionals and doctors.
- Videoing one of the workshops so that it can be shared both with those staff who could not attend, and as a training resource available on our Intranet. By the end of October this video will have been widely publicised inside the organisation.
- Structured audit with ward sisters and Unit matrons across the Trust, as the majority of the patients who may need a DoLS will be in these inpatient areas, to obtain confirmation that they have raised awareness of DoLS with all their staff and have systems in place to support new starters and temporary staff.
- Strengthening the existing Safeguarding Level 2 staff training, which already includes the Mental Capacity Act and DoLS, by using local scenarios and improving the content and prioritising current training for those who may have more patients needing a DoLS.
- Targeting medical staff who carry out consent procedures with patients to promote earlier consideration of the potential need for critical care in the event of a complication. Also all Consultants will be required to share this with their team to understand why DoLS may need to be applied and how treatments may impact on the need for a DoLS.
- An e-learning DoLS module is in development for nursing staff (ready by the end of November), and induction processes have been updated to include DoLS policy and procedure requirements for new staff.

Partnership working

We are aware that both Birmingham and Sandwell Local Authorities are struggling to process the volume of DoLS requests they receive. However, we are working with them to see if there is a more streamlined approach to address the late responses to applications made by the Trust. The response periods will be centrally monitored and reported to me. Clearly as our volume of applications rises the resourcing issue will need to be faced.

Tracking success:

We will monitor the items listed above. But fundamentally we are looking to see:

- our application numbers rise
- clear evidence that in 'expected cohorts' like focused care volumes are rising
- applications are proceeded in a timely manner

These Key Performance Indicators will be displayed in our Integrated Performance Report which is discussed at our monthly public Board and at a number of Executive meetings, including our contract review with Sandwell & West Birmingham Clinical Commissioning Group. We can use this information to refocus any further training requirements to particular groups of staff, and it will feature in our ward dashboard system.

We will use our continuing programme of in-house inspections to check what DoLS are in place or required, feeding our findings back to the ward and unit managers. The next round of visits take place on November 1st and 2nd and are focussing on the wards. Awareness of DOLS will be a key indicator in that process.

Work is in train to move towards an electronic patient record, due to be fully implemented by Christmas 2017, which will further improve the monitoring of patients who may lack capacity and require a DoLS application.

Taken together, I am satisfied that these actions will give us a strong likelihood of succeeding in improving substantially the number of patients who are appropriately placed on DoLS. Our Board-level Quality and Safety Committee will receive a bi-monthly progress report to check that the actions described above have delivered the required improvements.

My colleague, [REDACTED], Assistant Director of Governance, would be best placed to provide advice to your office on the detail of our plans or indeed to provide such updates as are required on our progress this year. She can be reached on [REDACTED]
[REDACTED]

Yours sincerely,



Toby Lewis
Chief Executive

cc. Mr Harris' family
Care Quality Commission
NHS England
[REDACTED] Director of Governance
[REDACTED] Chief Nurse