



30.4.2021




HM Assistant Coroner (West Yorkshire
Western), Dr Howard
City Courts
The Tyrls
Bradford
BD1 1LA


Director of Nursing & Quality &
Deputy CEO
Trust Headquarters
Fieldhead
Wakefield
WF1 3SP


Dear Sir,

Regulation 28 Report Response – Emma Dorman – Inquest 21st January 2021 and 15th February 2021

In response to the Regulation 28 the Trust wish to respond with the following information.

As you will recall, you heard evidence regarding Regulation 28 matters in both written and oral evidence from , General Manager for Inpatient Services.  provided two statements to assist with the proceedings; these were dated 20th January 2021 and 12th February 2021. This response therefore builds upon the evidence provided by  as part of the inquest proceedings.

- 1. The decision of leave was dominated by the non-clinical team through the Bed Manager and clinical staff felt they could not object. The draft amended clarification still enable those not directly responsible for patient care to effect clinical management of the patient.**

Our Response

The Trust has a Patient Flow Procedure that provides a framework for staff relating to activities around pre-admission, bed allocation and management processes, the inpatient stay and discharge of service users. The procedure is used to support decisions and management of service users from the point when they require access to an inpatient bed, through to their discharge from a ward. The Patient Flow (Bed Management) Team are involved in the application of the patient flow process across the Trust by working in partnership with the Inpatient services. The Patient Flow Team is a clinically led service.

The Trust notes your continued concern over the decision making by Registered Clinical Staff (Bed Flow Managers) who are not always involved at ward level. Over the past 2 years the Trust has undertaken an extensive review of its clinical structures and has employed several Matrons within its Inpatient settings. The Matrons are clinically and operationally responsible for each Ward



Manager and have a senior clinical oversight role in relation to inpatient services and also the general running of the wards.

The process of allocating an inpatient bed starts with the Nurse in Charge of the ward on each given day. This nurse is under the supervision of a Senior Registered Nurse (i.e Team Leader) who is also available and working in the ward with the service users.

The Patient Flow Procedure is available to the Nurse in Charge and the Senior Registered Nurse when considering new admissions. On the rare occasions the pressure on beds is such that we must look at utilising our leave beds to manage critical situations in the community.

The Nurse in Charge is responsible for assessing the appropriateness of an admission to the ward and advising the Bed Flow Manager of any available beds. In the event that the Bed Flow Manager and the Nurse in Charge cannot agree whether a bed can be utilised, then the matter is escalated to the Senior Registered Nurse on the ward. As indicated previously, it is important to note that whilst we have registered nursing staff on shift running the ward, there is also a Ward Manager and a Matron (both of which are registered professionals). The Matrons provide a 7 day service and as stated previously are clinically attached to the wards. Any issue that cannot be resolved within the normal ward structure are escalated to the Matron who has clinical operational responsibility for the wards.

The liaison between the ward staff and the bed flow managers is one of risk management and resource allocation which can be very difficult but remains patient-centred and with their best interest at the heart of decision making. We would wish to assure you that the decision making is clinically led and is heavily influenced by senior clinical staff who are allocated to the wards.

In light of the above and your concerns, the Trust have provided all staff within the Inpatient setting a copy of the current Patient Flow Procedure, accompanied with information specifically detailing theirs and their colleague's roles as part of the patient flow process.

I can confirm that inpatient staff understanding of the procedure, and the responsibilities of those involved in the patient flow process (including that of ward staff and of patient flow staff) will be monitored through the Matron's monthly checklist.

- 2. That there was no psychologist input on the ward, which had persisted for over three years prior to this incident. The only steps taken to alleviate this vacancy was to re-advertise the same post with the same level of remuneration.**

Our Response

Unfortunately, the Trust has had a high vacancy rate for Clinical Psychologist posts over the last couple of years as a result of the national shortages surrounding the profession.

The Trust has taken various approaches to attract applicants to such posts, including redesign, flexible working and job sharing, but sadly the national shortage from Clinical Psychologists continues to impact on the Trust's ability to appoint to these posts.

NHS England are actively considering these shortages as part of their long-term planning for the NHS Psychology Services and National Health Education England have increased training places on Clinical Psychology Course across England by 25% in 2020-2021 and again for 2021-22. However, it is noted that these courses take three years to complete and therefore the output from the increased placements will take time to have an impact on the current shortages of Clinical Psychologists within NHS Psychology Services.

The Trust successfully arranged for retired Clinical Psychologists to support its Psychology services to respond to increased demand as a result of the on-going COVID-19 pandemic, but unfortunately we were unable to attract someone to temporarily fill the Ward 18 vacant post.

Additionally, the Trust's Professional Lead for Psychology is a member of the West Yorkshire and Harrogate ICS Psychology Workforce Group. This group are currently seeking ways to develop the Psychological workforce in the area, but the number of HCPC registered Clinical Psychologists remain limited due to historical training output from the Clinical Psychology Course provided by National Health Education England.

As per [REDACTED] addendum statement dated 12th February 2021, subsequent to the six failed attempts to recruit a part time Psychologist to Ward 18, an agreement was made for the Ward 18 part time Psychologist post to be incorporated into the Psychology services that are based within Community Services.

The Community Services are currently reviewing the skill-mix for existing vacant psychology posts in order to provide funding for a banding increase, and subsequent to this the Trust's Psychological Therapy Lead will review and update the Job Description and Person Specification for the role. Once the updated Job Description and Person Specification has been drafted, it will be submitted to the Trust's Agenda for Change banding review panel. If approved by the panel the role will be advertised. We anticipate this process to conclude in June 2021.

In the interim and until we have recruited to the above psychology post a Clinical Psychologist working within the CORE community team will provide in-reach psychology support to Ward 18.

I do hope the above information is of assistance and answers the concerns raised within your Regulation 28 report following the sad death of Emma Dorman.

Yours faithfully,



Director of Nursing & Quality & Deputy CEO