

Confidential

Serious Incident Review Report

ELFT Datix/STEIS Reference	Datix 64302 STEIS 2017.18386
Incident Date	21.06.17
Incident Synopsis	[REDACTED]
Date Reported on STEIS	21.07.17
Date Report and Action Plan signed off by the Medical Director	22.09.17
Review Team	<ul style="list-style-type: none"> • Dr Cathie O'Driscoll – Serious Incident Reviewer • Dr Waleed Fawzi – Consultant Psychiatrist, Tower Hamlets • Mr Steve Skinner – Lead Nurse, Forensic Services
Review Level	Comprehensive
Report Author/s	<ul style="list-style-type: none"> • Dr Cathie O'Driscoll – Serious Incident Reviewer
Report Completion Date	21.09.17
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Distribution List for the Final Report and/or Executive Summary	<ol style="list-style-type: none"> 1. The Service and Clinical Directors 2. Service and team managers to whom the recommendations and action plan apply 3. The Assurance Department 4. The Serious Incident Review Sub-committee 5. Bedford Clinical Commissioning Group

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1.	Executive Summary
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	<p>that, at the time of this review, the ward had 27 beds, exacerbating the difficulty with co-ordinating effective handover.</p> <p>The nurse in charge of the night shift said that when [REDACTED] did not answer his mobile at 22.37, she should have called the police earlier and certainly by 02.00 at the latest and that she had learned from the incident and would be more proactive in future.</p> <p>Related to SDP1 It has become apparent from multiple staff interviews related to this incident and another incident on the ward which occurred shortly thereafter that a very powerful culture has developed on this ward in relation to the management of informal patients. Staff members have become extremely concerned about being accused of “restrictive practice” and report having been criticised for this in previous Serious Incident Reviews (although it is unclear whether these previous reviews were undertaken by ELFT or the previous provider). Furthermore their attempts to exert appropriate authority are readily challenged by patients who tell them “You can’t search me/my property/question my leave etc – I’m informal, I know my rights”. One staff member summed it up as “the informal patient is king”.</p> <p>This difficulty in staff exerting appropriate authority in relation to their care of patients seems to be mirrored in a parallel process whereby senior staff instructions to junior staff are not resulting in the requested action occurring. Two examples have been identified in the course of this review. (The panel note that the ward matron and ward manager are both recently appointed, both taking up their posts in May 2017). This lack of authority within the ward setting exposes the ward to the risk of further serious incidents occurring around either the management of leave for informal patients, contraband being brought onto the ward because of worries about searching patients and challenging them on return to the ward or about the management of patients returning to the ward when intoxicated.</p>
Root Causes	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
Lessons Learned	<p>These all relate to identified are and service delivery problems. Patients requiring admission to inpatient mental health units either informally or as detained patients must have clear, rigorous risk assessment and risk management plans and care plans to enable them and other patients to be nursed safely on the ward. Informal patients cannot be illegally detained but their needs for care and risks associated with leaving the ward must be identified and managed appropriately. Staff must be supported to exert appropriate authority in carrying out their duties so that safe boundaries are in place for staff and patients</p>

Recommendations	<ol style="list-style-type: none"> 1. That the directorate should develop a detailed plan to review the management of informal patients admitted to the wards, particularly in relation to the development personalised care plans, risk assessments, leave and the management of intoxication. 2. That the next Mental Health and P2R Operation meeting on 16.10.17 should include an agenda item about increasing access to the ward of Pathway to Recovery staff to facilitate discharge planning.
Arrangements for shared learning	<p>This report including any recommendations and resulting action plan will be shared with the teams and staff involved, discussed at the local healthcare governance meeting and any learning which applies across the directorate or organisation will be disseminated via the respective communication channels. A feedback meeting has been held on 15.09.17 for those staff involved in the incident and investigation and the relevant senior managers</p>

2.	Methodology
2.1	Level and type of review: <ul style="list-style-type: none"> Single incident review ELFT Corporate Led Comprehensive/NPSA Level 2 (Comprehensive)
2.2	Standard Terms of Reference: <ul style="list-style-type: none"> To review the initial incident management and support to those involved To establish the facts and any specific problems to be addressed To review the care the patient was receiving at the time of the incident The suitability of that care in view of the client's history and assessed health and social care needs in relation to policy and good practice guidance The extent to which the care corresponded with statutory obligations, relevant guidance from the Department of Health and local operational policies To look for improvements rather than apportion blame To establish how recurrence may be reduced or eliminated To formulate SMART recommendations To provide a report as a record of the investigation process and a means of sharing lessons from the incident Additional/Specific Terms of Reference <ul style="list-style-type: none"> None identified
2.3	Scope of the review: <ul style="list-style-type: none"> This review covers the time period of the final admission [REDACTED] on 17.06.17 up to and immediately following his death on 21.06.17 It encompasses services provided by the inpatient ward multi-disciplinary team and the local drug and alcohol service provided by ELFT
2.4	Methods used: <ul style="list-style-type: none"> Case note and electronic record review from RiO and the P2R case notes Tabular timeline Staff interviews with the Consultant Psychiatrist, Matron, Ward Manager, a Clinical Practice Lead, the Nurse in Charge of the Day Shift on 21.06.17 and the Nurse in Charge of the Night Shift on 21/22.06 and the Healthcare Assistant who wrote the day shift entry of 21.06.17 (all from the index ward), the Speciality Doctor from the local CMHT and the P2R keyworker [REDACTED] The panel have been unable to interview the index ward Speciality Doctor who has been on annual leave throughout the duration of the review but feel that we have sufficient information from other sources that the quality of the review is not compromised Input from [REDACTED] It has not been possible to undertake an interview with the GP [REDACTED] despite a reminder telephone call to the surgery. The original letter to the GP sent by the chair of panel has now been returned to the Assurance Department by the surgery Advice and consultation with the ELFT Safeguarding Lead for Luton and Bedfordshire NPSA Contributory Factor Framework and Fishbone Diagram
2.5	Involvement and support of patient and relatives: <ul style="list-style-type: none"> The Chair of the Panel originally contacted [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

	<p>I [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p> <p>I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p> <p>I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p> <p>- On the ward's website it quotes the following:</p> <ul style="list-style-type: none"> ➤ All inpatients have a thorough assessment of their care needs and risk. This leads to the development of a comprehensive treatment plan. A tailored rehabilitation programme will be put in place for each patient focusing on their specific needs and issues. ➤ As well stabilising symptoms of mental illness, patients can access occupational and arts therapies, psychological interventions including substance misuse treatment and a range of medical services including regimes of therapeutic medication and the delivery of enhanced physical health care packages. ➤ Each patient's progress is managed by the clinical team utilising the Care Programme Approach which is based on a Recovery Model <p>I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p> <ul style="list-style-type: none"> • The chair of the panel will check [REDACTED] after the review how they wish to receive feedback.
2.6	<p>Involvement and support provided for staff involved:</p> <ul style="list-style-type: none"> • Staff interviewed as part of this investigation were given information regarding the serious incident review process, a copy of the Terms of Reference for the review and information regarding the Employment Assistance Scheme which offers free counselling and support to Trust staff in addition to their normal work support structures. • All members of staff interviewed as part of the review were asked about the level of

	<p>support provided to them after the incident, whether they were satisfied with the support provided and whether it was adequate for their needs. Any concerns about post incident support are recorded in the report by exception as a service delivery problem.</p> <ul style="list-style-type: none"> • A feedback meeting has been held on 15.09.17 for those staff involved in the incident and investigation and the relevant senior managers.
2.7	<p>Information and evidence gathered:</p> <ul style="list-style-type: none"> • ELFT “Leave” for Informal Patients Policy: version 1.3; dated 21.01.15 • ELFT Guide for Managing Intoxication on In-Patient Wards: Version 1.0; 12.10.16 • P2R Care Plan [REDACTED] dated 08.03.17 • P2R Risk Assessment [REDACTED] last updated on 02.06.17 • Duty Senior Nurse Records from 20.06.16 to the end of the night shift on the morning of 22.06.17. [REDACTED] • Day and Night Shift Nursing Handover for the time period day shift of 21.06.17 and night shift of 21/22.06 17. [REDACTED] [REDACTED] [REDACTED] • 48 Hour Report completed by Modern Matron and dated 23.06.17 • Draft Report for the Coroner by the Consultant Psychiatrist [REDACTED] dated 20.08.17 • Draft Report for the Coroner by the Nurse in Charge of the Day Shift on 21.06.17 (undated)

3. Incident Description, Context and Chronology of Key Events				
3.1	Detection of the incident: <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div>			
3.2	Incident description and consequences: <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div>			
3.3	Background and context: <ul style="list-style-type: none"> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> At the time of the incident, The Bedford Acute Inpatient Service was an acute 27-bed male inpatient service that provides 24 hour treatment and care in a safe and therapeutic place. Staff actively engage and involve people who are experiencing acute mental health episodes which cannot be managed in a less restrictive setting, owing to the degree of risk, clinical need or patient choice. Whilst patients receive individualised care and treatment based on their needs the Multi-Disciplinary team work closely with all service users, their families and carers in providing a therapeutic environment which lends itself to our service users' recovery. This ward and an adjacent nine bedded female ward form a stand-alone unit for service users from Bedford and Central Bedfordshire which is however located in Luton 			
3.4	Actual effect upon the patient/s and service/s	Death of Service User while on leave from the index ward		
3.5	Actual severity of the incident (e.g. Death)	Death		
3.6	Pre-investigation risk assessment	A Potential Severity (1-5) 5	B Likelihood of recurrence at that severity (1-5) 2	C Risk Rating (C = A x B) 10
3.7	Chronology of events:			
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4.	Review Findings and Analysis
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4.1 **Notable practice** (*care and practice that had a positive impact and may provide learning opportunities*):

- No notable practice has been observed during the course of this review

Good Practice (*expected standard of care and practice but well executed*)

- The CMHT nurse and doctor who reviewed ██████ in June 2017 made detailed notes and the doctor arranged joint follow up in three months' time with the P2R worker
- The P2R notes are detailed and consistent with ongoing risk management and treatment planning identified

(Include overall comment on care planning and risk management either in 4.1 or in 4.2) The panel do have concerns about care planning and risk management not only in the care ██████ but also in the management of leave for informal patients more widely on this ward and these are outlined in the following section

- No notable practice has been observed during the course of this review

Good Practice (*expected standard of care and practice but well executed*)

- The CMHT nurse and doctor who reviewed ██████ in June 2017 made detailed notes and the doctor arranged joint follow up in three months' time with the P2R worker
- The P2R notes are detailed and consistent with ongoing risk management and treatment planning identified

(Include overall comment on care planning and risk management either in 4.1 or in 4.2) The panel do have concerns about care planning and risk management not only in the care [REDACTED] but also in the management of leave for informal patients more widely on this ward and these are outlined in the following section

[illegible]

Care Delivery Problems

[REDACTED]

Service Delivery Problems

SDP1 At the time of this incident, there appears to have been a lack of rigour in the way that leave arrangements for informal patients were being negotiated. Staff told us of an expectation that patients would return to the ward by around 22.00 – an unspoken curfew time and little evidence either of risk assessment being undertaken routinely before leave or of clear contingency plans put in place if patients did not return at the agreed time. Furthermore, in the case of known substance misusers [REDACTED] there is no mention

[illegible]

	<p>Reviews (although it is unclear whether these previous reviews were undertaken by ELFT or the previous provider). Furthermore their attempts to exert appropriate authority are readily challenged by patients who tell them “You can’t search me/my property/question my leave etc – I’m informal, I know my rights”. One staff member summed it up as “the informal patient is king”.</p> <p>This difficulty in staff exerting appropriate authority in relation to their care of patients seems to be mirrored in a parallel process whereby senior staff instructions to junior staff are not resulting in the requested action occurring. Two examples have been identified in the course of this review. (The panel note that the ward matron and ward manager are both recently appointed, both taking up their posts in May 2017). This lack of authority within the ward setting exposes the ward to the risk of further serious incidents occurring around either the management of leave for informal patients, contraband being brought onto the ward because of worries about searching patients and challenging them on return to the ward or about the management of patients returning to the ward when intoxicated.</p>
4.4	<p><u>Root causes</u> (contributory factors that are causal to the incident): (include comment on predictability/preventability)</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
4.5	<p><u>Lessons learned</u> (key safer practice issues identified that did not materially contribute to the incident): These all relate to identified are and service delivery problems. Patients requiring admission to inpatient mental health units either informally or as detained patients must have clear, rigorous risk assessment and risk management plans and care plans to enable them and other patients to be nursed safely on the ward. Informal patients cannot be illegally detained but their needs for care and risks associated with leaving the ward must be identified and managed appropriately. Staff must be supported to exert appropriate authority in carrying out their duties so that safe boundaries are in place for staff and patients.</p>
4.6	<p><u>Action taken since the incident which relates to any contributory factors, root causes and recommendations:</u></p> <ul style="list-style-type: none"> Following a second serious incident on the ward on 01.07.17, staff changes have been made on the ward with the aim of increasing the level of experience of nursing staff and increasing the resource available to the medical staff team. In early July, following another serious incident on the ward, bed numbers on the ward were reduced from 27 to 12 with a gradual increase back to 18. Incremental transfers were agreed one at a time with numbers only moving to 14 on the books by 21.07.17). During the process of increasing bed numbers to 18, the ward only accepted transfers and re-opened to admissions on 03.08.17. The staffing levels remained as they were for 27 beds- 2 qualified and 3 unqualified despite lowered inpatient numbers and this was reviewed and decreased to 2 + 2 on nights from 14.07.17. This was reviewed on the 08.08.17 to increase numbers to 2 qualified and 3 unqualified given the increase in patient numbers. The ward has 6 staff (2+4) on days and 5 (2+3) staff on nights.

	<ul style="list-style-type: none"> • The ward is no longer offering beds specifically for detoxification from alcohol – this was formally agreed on the 20.07.17 and the ward had stopped accepting detoxification admissions on 04.08.17. • The Matron and Ward Manager have developed a plan to ensure that rates of mandatory training completion increase towards 100%. All Mandatory training to be completed by 30th September with the exception of Immediate Life Support where training is provided by an external provider. The next available dates are 20.10.17 and 17.11.17. • Plans are in place to recruit five new band 5 preceptors to the ward from September 2017 and to ensure that mentors are in place for them – Newly appointed preceptees will be starting on the ward from 18.09.17 over staggered dates with all appointed for the index ward in post by October 2017. • The ward has commissioned a Consultant Forensic Psychiatrist to facilitate regular reflective practice sessions to the ward. Start date to be confirmed. • The Borough Lead Nurse is in the process of developing a leave form for informal patients in the directorate. • Since the incident of the ward on 01.07.17, staff from the Crisis Team are visiting the ward every week day to consider which patients may be suitable for early discharge with a crisis intervention care plan.
4.7	<p><u>Recommendations:</u></p> <ol style="list-style-type: none"> 1. That the directorate should develop a detailed plan to review the management of informal patients admitted to the wards, particularly in relation to the development personalised care plans, risk assessments, leave and the management of intoxication. 2. That the next Mental Health and P2R Operation meeting on 16.10.17 should include an agenda item about increasing access to the ward of Pathway to Recovery staff to facilitate discharge planning.

5. Action Plan

Reference: Datix 64302 StEIS 2017/18386

Date created: 21/09/2017

Date of review/update: 30/04/2017

Serious Incident Reviewers To Complete			Managers To Complete			Action Plan Reviewer To Complete	
Issue Identified (Reference to Contributory Factors and Root Causes)	Recommendation	Level of Recommendation (Individual Team Directorate Organisation)	Actions To Be Taken	By Whom	By When	Outcome	Completion Sign-off
	Action Plan to be checked for completion in six months' time	Organisation	Check of Action Plan	Mrs Chris Kitchener – Associate Director of Governance and Risk Management	30.04.17		
	Check that feedback has been given to family, patient, and other agencies by 10 days following sign off	Individual	Feedback given [REDACTED]	Dr Cathie O'Driscoll – serious Incident Reviewer	25.10.17		
Related to CDP1, CDP2 and SDP1	1. That the directorate should develop a detailed plan to review the management of informal patients admitted to the wards, particularly in relation to the development personalised care plans, risk assessments, leave and the management of intoxication	Directorate	Detailed plan completed for review of the management of informal admission with action plan and details of dates including any necessary training	Ms Sasha Singh – Borough Lead Nurse	31.10.17		
Related to CDP1, CDP2 and SDP1	2. That the next Mental Health and P2R Operation meeting on 16.10.17 should include an agenda	Directorate	Agenda item tabled, discussed and a plan developed	Ms Sasha Singh – Borough Lead Nurse	16.10.17		

Serious Incident Reviewers To Complete			Managers To Complete			Action Plan Reviewer To Complete	
Issue Identified (Reference to Contributory Factors and Root Causes)	Recommendation	Level of Recommendation (Individual Team Directorate Organisation)	Actions To Be Taken	By Whom	By When	Outcome	Completion Sign-off
	item about increasing access to the ward of Pathway to Recovery staff to facilitate discharge planning			Mr Paul Rix – Deputy Director for Adult Mental Health and LD Services			
Actions Already Undertaken							
Related to CDP1, CDP2 and SDP1	<ul style="list-style-type: none"> Following a second serious incident on the ward on 01.07.17, staff changes have been made on the ward with the aim of increasing the level of experience of nursing staff and increasing the resource available to the medical staff team 	Directorate	Staff changes completed	Ms Sasha Singh – Borough Lead Nurse Dr Micol Ascoli – Associate Clinical Director	Completed		
Related to CDP1, CDP2 and SDP1	<ul style="list-style-type: none"> In early July, following another serious incident on the ward, bed numbers on the ward were reduced from 27 to 12 with a gradual increase back to 18. Incremental transfers were agreed one at a time with numbers only moving to 14 on the books by 21.07.17). During the process of increasing bed numbers to 18, the ward only accepted transfers and re-opened to admissions on 03.08.17. The staffing levels remained as they were for 27 beds- 2 qualified and 3 unqualified despite lowered inpatient 	Directorate	Bed Numbers adjusted	Ms Sasha Singh – Borough Lead Nurse Dr Micol Ascoli – Associate Clinical Director	Completed		

Serious Incident Reviewers To Complete			Managers To Complete			Action Plan Reviewer To Complete	
Issue Identified (Reference to Contributory Factors and Root Causes)	Recommendation	Level of Recommendation (Individual Team Directorate Organisation)	Actions To Be Taken	By Whom	By When	Outcome	Completion Sign-off
	numbers and this was reviewed and decreased to 2 + 2 on nights from 14.07.17. This was reviewed on the 08.08.17 to increase numbers to 2 qualified and 3 unqualified given the increase in patient numbers. The ward has 6 staff (2+4) on days and 5 (2+3) staff on nights						
Related to CDP1, CDP2 and SDP1	• The ward is no longer offering beds specifically for detoxification from alcohol – this was formally agreed on the 20.07.17 and the ward had stopped accepting detoxification admissions on 04.08.17	Directorate	Detoxification beds decommissioned	Ms Sasha Singh – Borough Lead Nurse Dr Micol Ascoli – Associate Clinical Director	Completed		
Related to CDP1, CDP2 and SDP1	• Since the incident on the ward on 01.07.17, staff from the Crisis Team are visiting the ward every week day to consider which patients may be suitable for early discharge with a crisis intervention care plan	Directorate	Crisis Team ward input established	Ms Sasha Singh - Borough Lead Nurse	In place and ongoing		
Actions in Progress							
Related to CDP1, CDP2 and SDP1	• The Matron and Ward Manager have developed a plan to ensure that rates of mandatory training completion increase towards 100%. All Mandatory training to be	Directorate	Mandatory training up to date for all nursing staff	Ms Evri Anagnostara – Matron Mr Francis Ndiziye – Ward Manager	Ongoing as in identified dates		

Serious Incident Reviewers To Complete			Managers To Complete			Action Plan Reviewer To Complete	
Issue Identified (Reference to Contributory Factors and Root Causes)	Recommendation	Level of Recommendation (Individual Team Directorate Organisation)	Actions To Be Taken	By Whom	By When	Outcome	Completion Sign-off
	completed by 30th September with the exception of Immediate Life Support where training is provided by an external provider. The next available dates are 20.10.17 and 17.11.17						
Related to CDP1, CDP2 and SDP1	<ul style="list-style-type: none"> Plans are in place to recruit five new band 5 preceptors to the ward from September 2017 and to ensure that mentors are in place for them – Newly appointed preceptees will be starting on the ward from 18.09.17 over staggered dates with all appointed for the index ward in post by October 2017 	Directorate	New nursing staff in post with mentorship confirmed	Ms Sasha Singh - Borough Lead Nurse	31.10.17		
Related to CDP1, CDP2 and SDP1	<ul style="list-style-type: none"> The ward has commissioned a Consultant Forensic Psychiatrist to facilitate regular reflective practice sessions to the ward. Start date to be confirmed 	Directorate	Reflective Practice sessions in place	Ms Sasha Singh - Borough Lead Nurse	Start date to be confirmed		
Related to CDP1, CDP2 and SDP1	<ul style="list-style-type: none"> The Borough Lead Nurse is in the process of developing a leave form for informal patients in the directorate 	Directorate	Informal leave form in use on all Bedfordshire Inpatient Wards	Ms Sasha Singh - Borough Lead Nurse	Implementation date not yet finalised		