

# **Confidential**

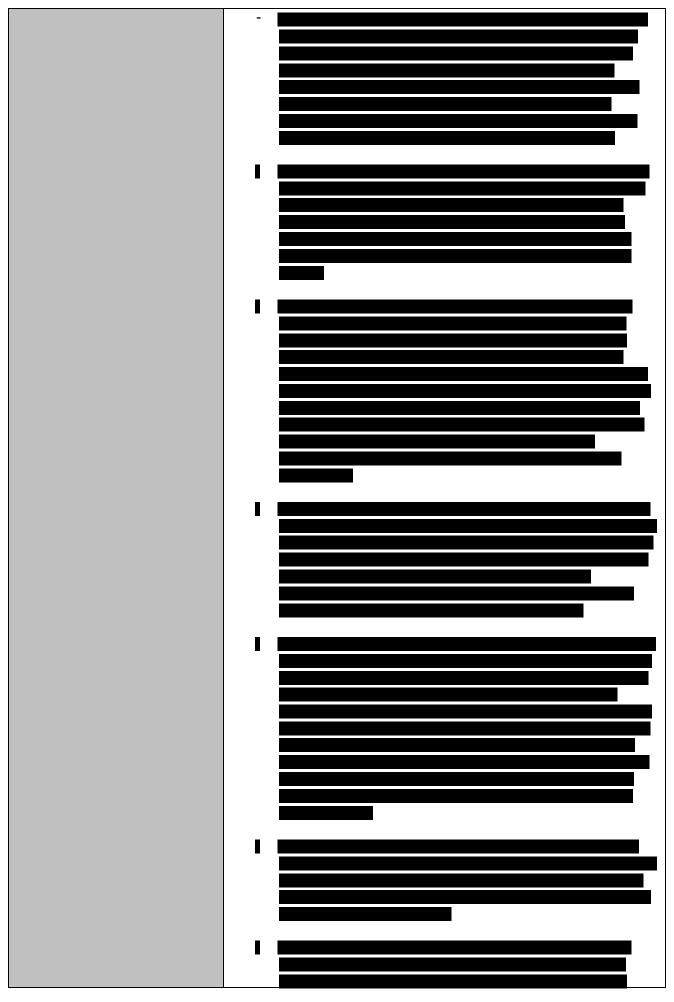
# **Serious Incident Review Report**

ELFT Datix/STEIS Reference	Datix 64302 STEIS 2017.18386
Incident Date	21.06.17
Incident Synopsis	
Date Reported on STEIS	21.07.17
Date Report and Action Plan signed off by the Medical Director	22.09.17
Review Team	<ul> <li>Dr Cathie O'Driscoll – Serious Incident Reviewer</li> <li>Dr Waleed Fawzi – Consultant Psychiatrist, Tower Hamlets</li> <li>Mr Steve Skinner – Lead Nurse, Forensic Services</li> </ul>
Review Level	Comprehensive
Report Author/s	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> <li>The Service and Clinical Directors</li> <li>Service and team managers to whom the recommendations and action plan apply</li> <li>The Assurance Department</li> <li>The Serious Incident Review Sub-committee</li> <li>Bedford Clinical Commissioning Group</li> </ol>

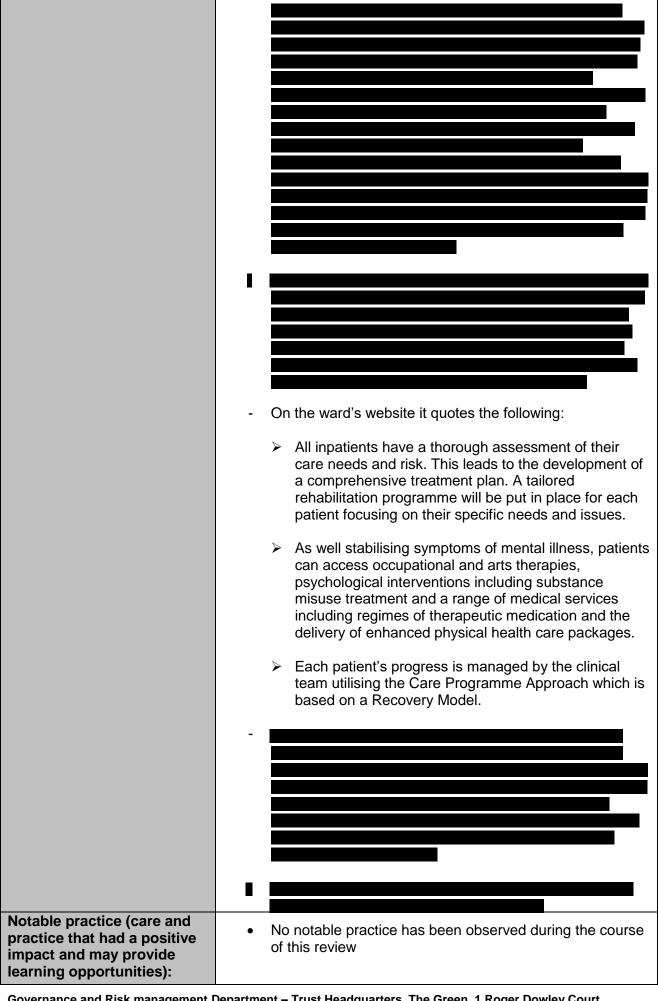
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## 1. Executive Summary

Incident Date	21.06.17
Incident Type	Death of Inpatient while on leave
Service User Demographics	
• Age	
Gender  - Gunder  - G	
• Ethnicity	
Directorate	Bedfordshire
Scope of the review	<ul> <li>This review covers the time period of the final admission on 17.06.17 up to and immediately following his death on 21.06.17</li> <li>It encompasses services provided by the inpatient ward multi-disciplinary team and the local drug and alcohol service provided by ELFT</li> </ul>
Involvement and support of patient and/or relatives	service provided by ELFT  -
	Department – Trust Headquarters, The Green 1 Roger Dowley Court



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Good Practice (expected standard of care and practice but well executed)	<ul> <li>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.</li> <li>The P2R notes are detailed and consistent with ongoing risk management and treatment planning identified.</li> </ul>
Care and Service Delivery Problems	Care Delivery Problems  Service Delivery Problems  SPP1 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,
	when he returned to the ward after leave or of what to do in the event of him . This lack of risk assessment around ward security has become apparent in incidents known to the panel

	involving other patients on the ward and raises concerns about the rigour of risk assessments and personalised care planning more widely on the ward. For example, was a very vulnerable man with a long history of alcohol addiction and exploitation by other substance misusers in the community. He had recently had a every time he left the ward.
Contributory Factors	
	Related to CDP2 and SDP1
	Unfortunately, she did
	not make a RiO entry to that effect and neither of the two
	members of staff concerned said at interview that they have any memory of that conversation. Furthermore, the nurse in charge of
	the shift handed over to the night shift that was due back by 22.00. He stated at interview that he had been in ward round
	most of the day and was unaware of the RiO entry or the conversation of returning at 09.30. This may be indicative
	of wider problems with the handover process on the ward
	especially as the panel have not found evidence of previous RiO entries being evidenced in the handover process. The panel note

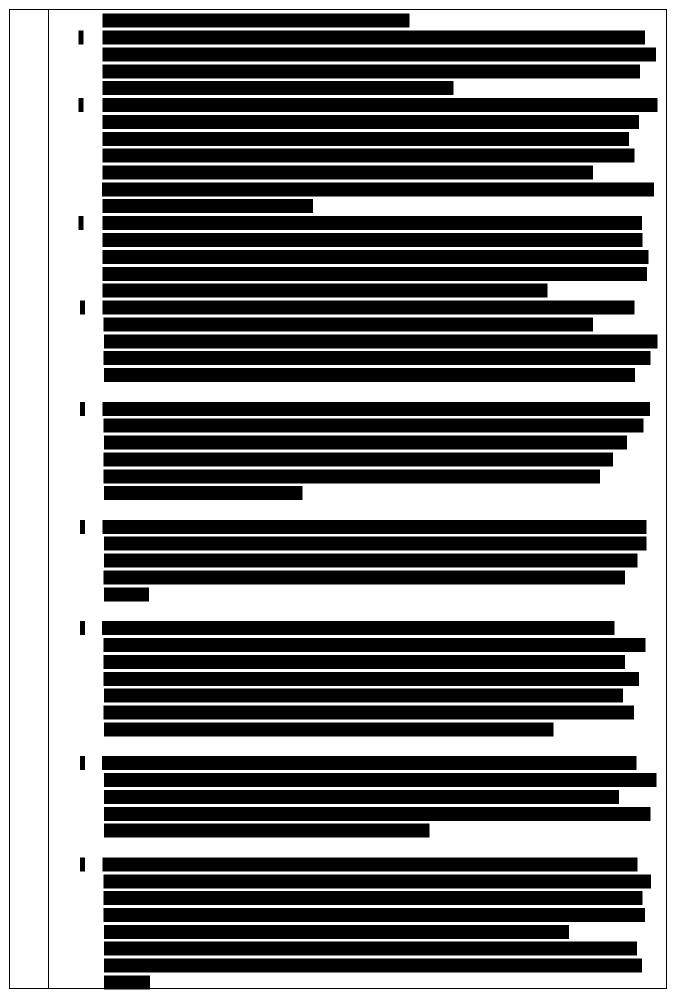
that, at the time of this review, the ward had 27 beds, exacerbating the difficulty with co-ordinating effective handover. The nurse in charge of the night shift said that when not answer his mobile at 22.37, she should have called the police earlier and certainly by 02.00 at the latest and that she had learned from the incident and would be more proactive in future. **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". 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. **Root Causes** These all relate to identified are and service delivery problems. **Lessons Learned** 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

Recommendations	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.
	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	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

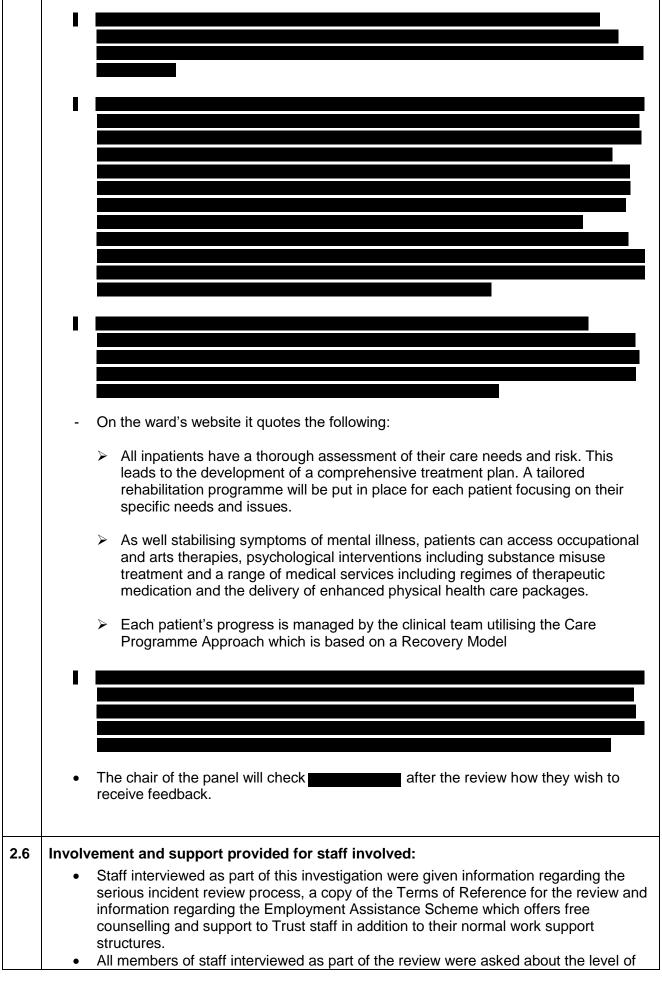
### 2.1 Level and type of review: Single incident review ELFT Corporate Led Comprehensive/NPSA Level 2 (Comprehensive) 2.2 Standard Terms of Reference: To review the initial incident management and support to those involved To establish the facts and any specific problems to be addressed To review the 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 None identified 2.3 Scope of the review: This review covers the time period of the final admission I 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 Methods used: 2.4 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 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 It has not been possible to undertake an interview with the GP 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: The Chair of the Panel originally contacted

2.

Methodology



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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.

 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 Information and evidence gathered:

- 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 dated 08.03.17
- P2R Risk Assessment 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.
- Day and Night Shift Nursing Handover for the time period day shift of 21.06.17 and night shift of 21/22.06 17.
- 48 Hour Report completed by Modern Matron and dated 23.06.17
- Draft Report for the Coroner by the Consultant Psychiatrist
- Draft Report for the Coroner by the Nurse in Charge of the Day Shift on 21.06.17 (undated)

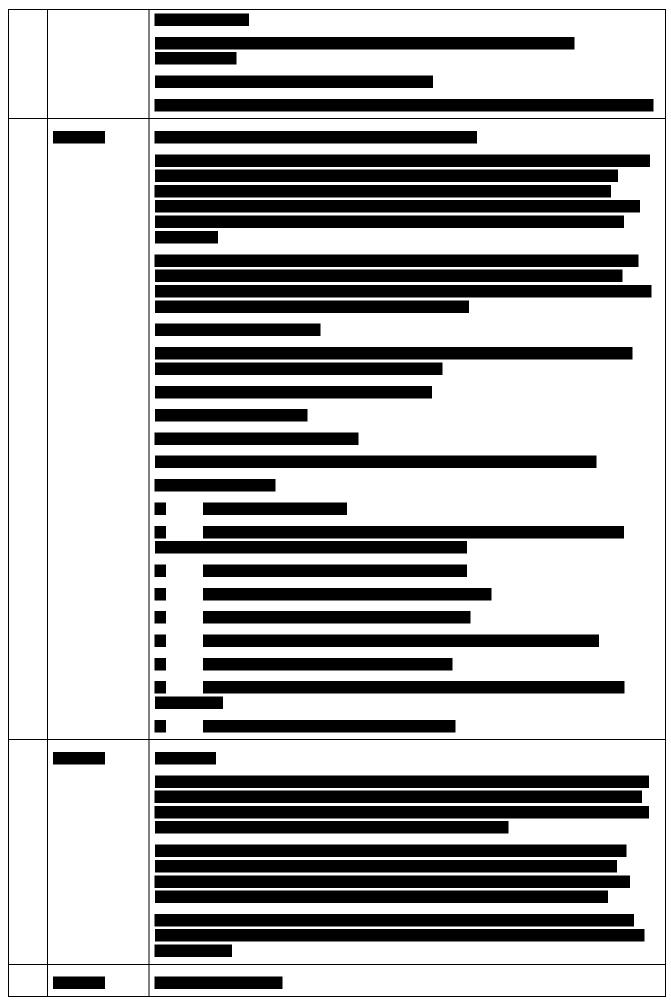
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3.1	Detection of the incident:					
2.0						
3.2	Incident description	and co	nsequences:			
3.3	Peakeround and an	ntovt.				
3.3	Background and co	ntext:				
	At the time of	the incid	dent. The Bedfo	ord Acute Inpatient Service was	an acute 27-bed	
	male inpatient	t service	that provides 2	24 hour treatment and care in a	safe and	
				age and involve people who are cannot be managed in a less re		
	owing to the d	legree o	f risk, clinical n	eed or patient choice. Whilst pa	tients receive	
				sed on their needs the Multi-Dis eir families and carers in provic	- I J	
	environment v	vhich ler	nds itself to our	service users' recovery. This w	ard and an	
				orm a stand-alone unit for servic nich is however located in Luton		
	bediord and C	Jeniliai E	sealorastille wi	lich is nowever located in Euton	l.	
	Astrological conservation	I	Death of Com	San I I annuali 9 ann I annua faoine de	- Sadamand	
3.4	Actual effect upon t patient/s and service		Death of Serv	rice User while on leave from th	e index ward	
3.5	Actual severity of th	ne	Death			
	incident ( e.g. Death	)	A	В	С	
3.6	Pre-investigation	Pote	ntial Severity	Likelihood of recurrence at that severity	Risk Rating	
	risk assessment		(4 <b>-</b> )	-	(0 1 5)	
			(1-5) 5	(1-5)	(C = A x B) 10	
3.7	Chronology of even	ts:				
		-				

Incident Description, Context and Chronology of Key Events

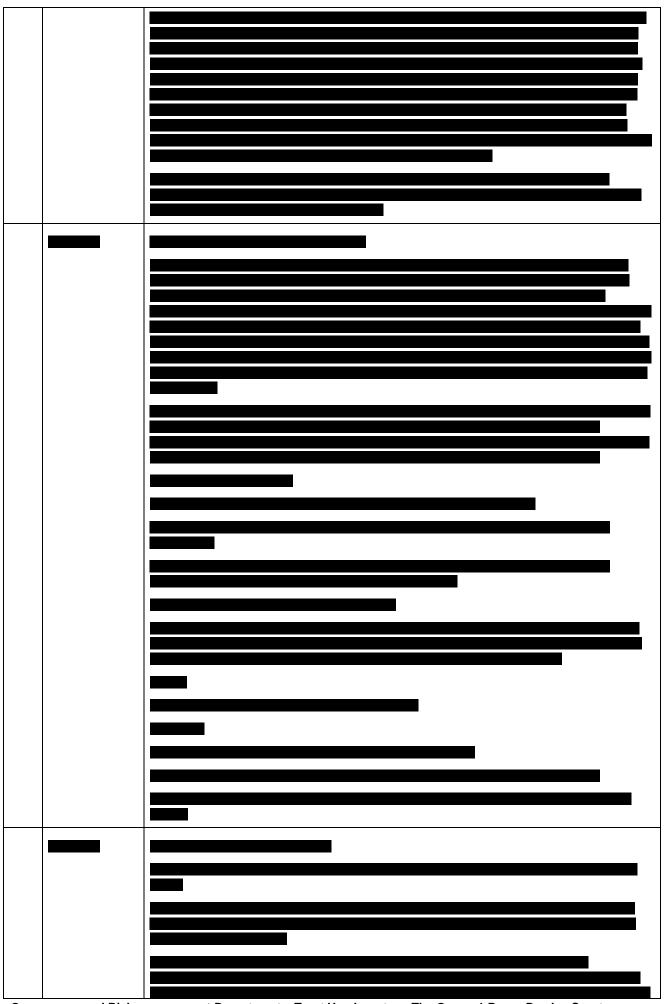
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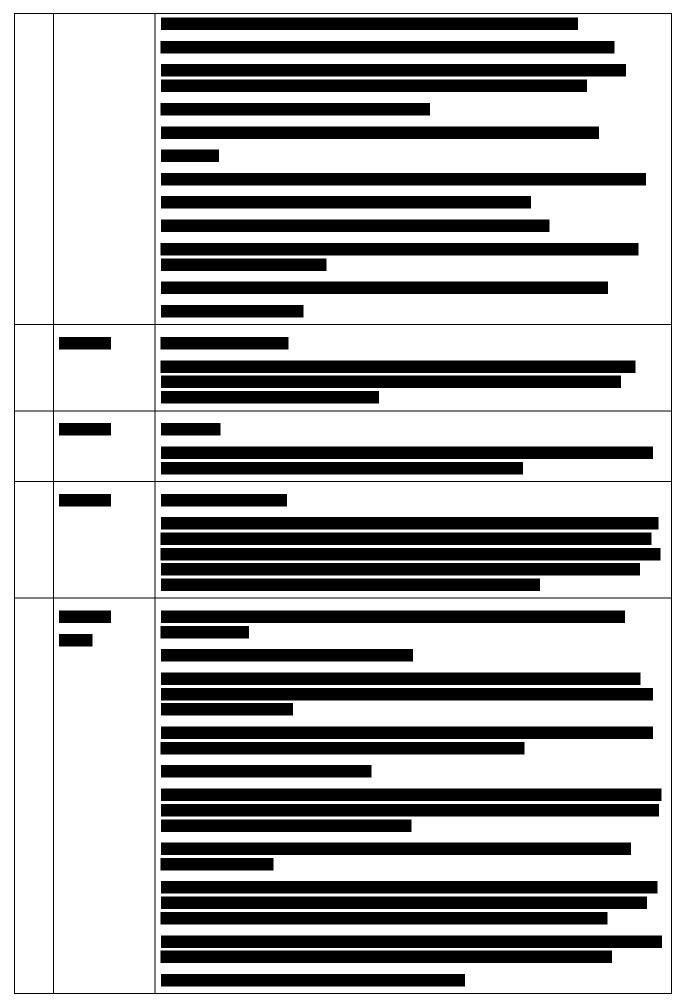
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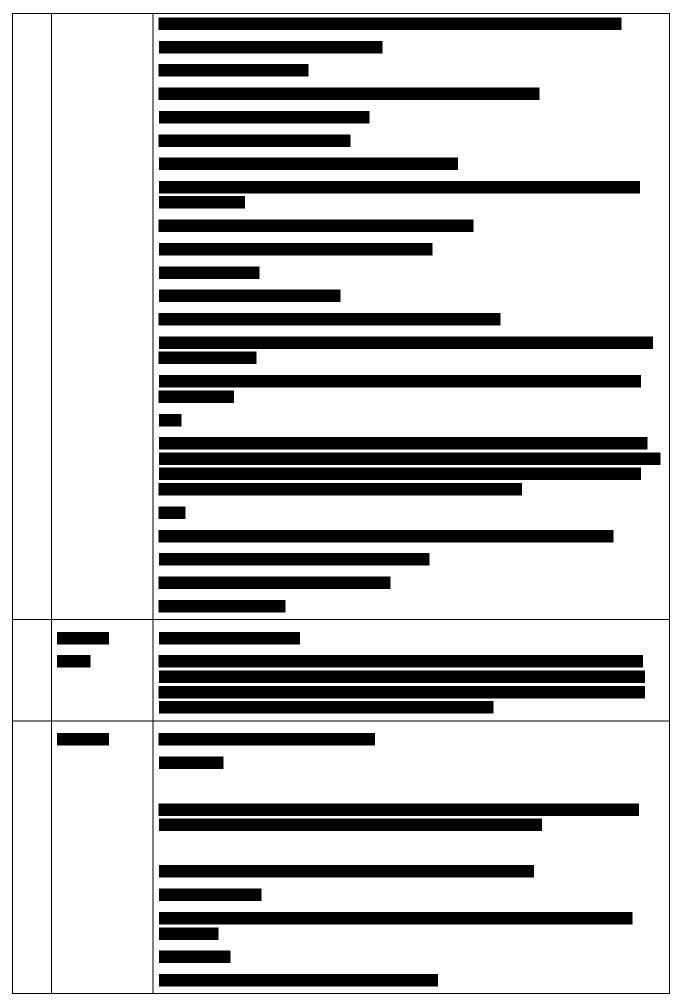
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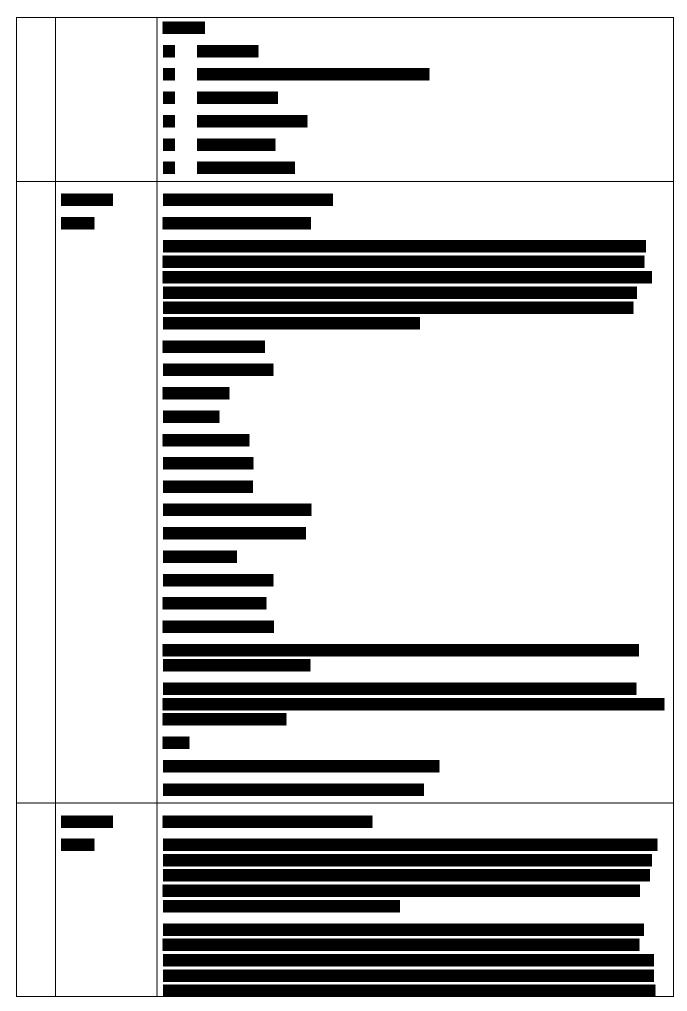
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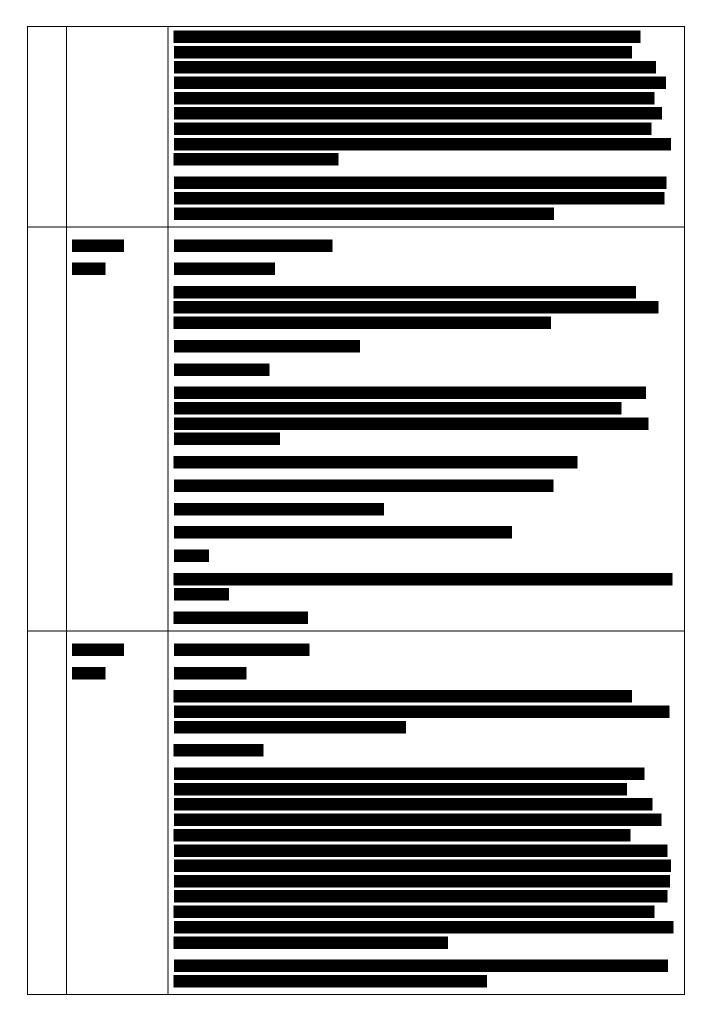
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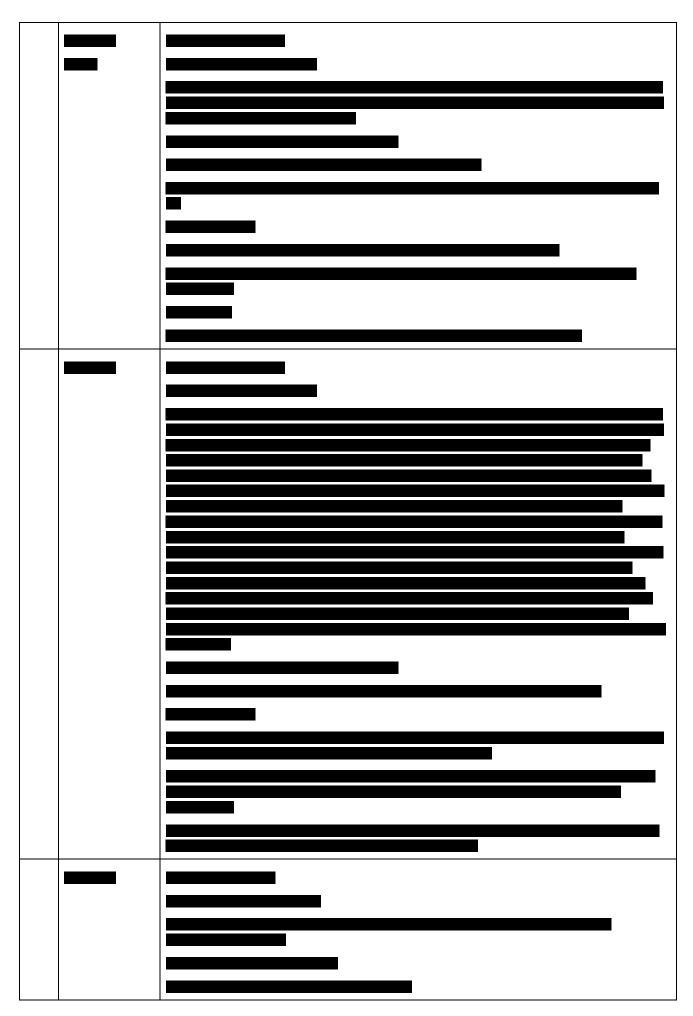


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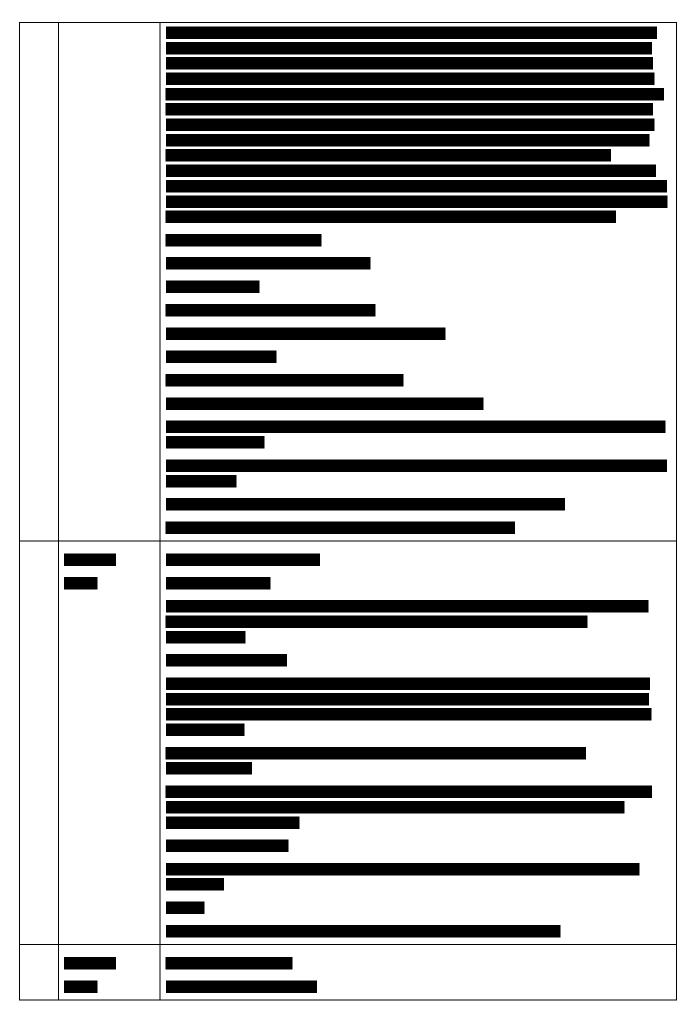


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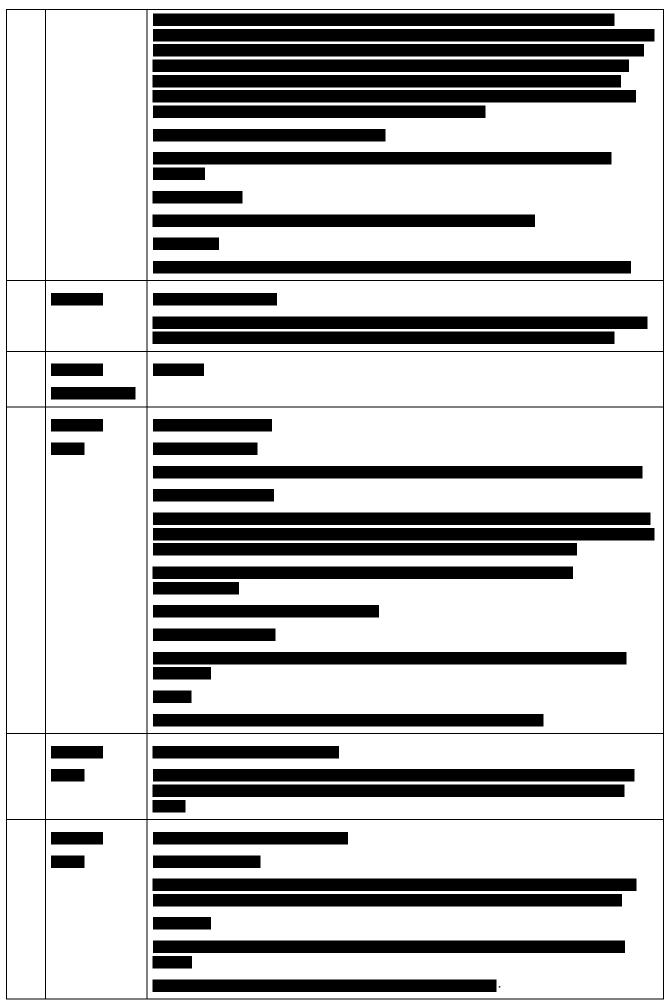




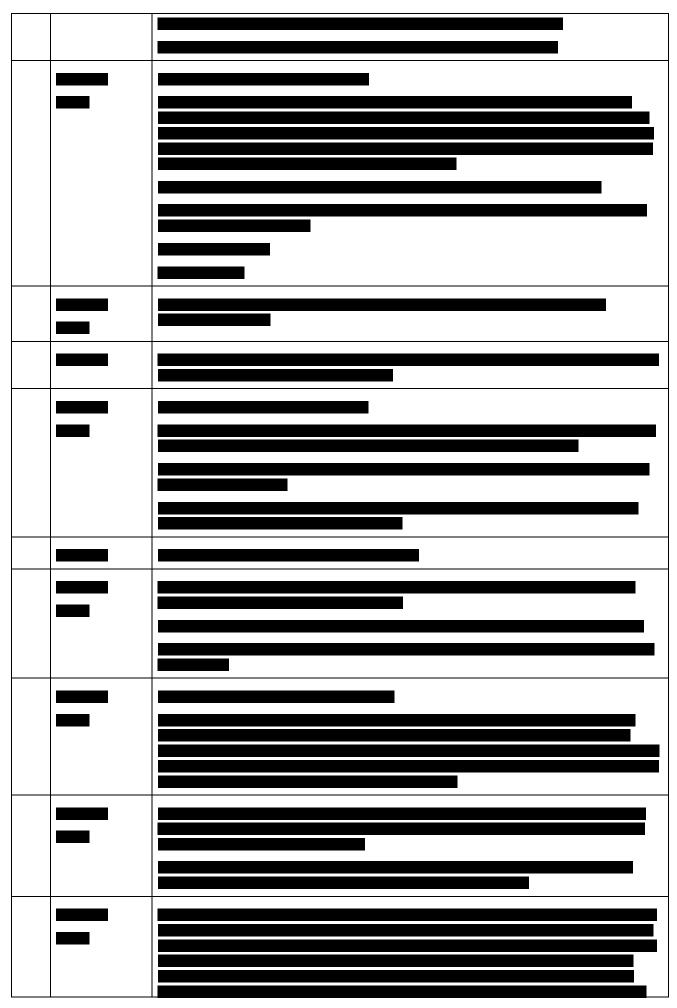
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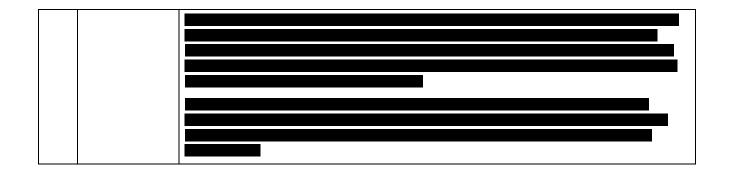
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4.1	Notable practice (care and practice that had a positive impact and may provide learning opportunities):
	No notable practice has been observed during the course of this review
	Good Practice (expected standard of care and practice but well executed)
	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
	<ul> <li>The P2R notes are detailed and consistent with ongoing risk management and treatment planning identified</li> </ul>
	(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
4.2	<u>Care and Service Delivery Problems</u> (something that should have happened didn't or something happened that shouldn't have happened):
	Care Delivery Problems
	Service Delivery Problems
	<b>SDP1</b> 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.

Review Findings and Analysis

Furthermore, in the case of known substance misusers there is no mention

	in his care plan around when he returned to the ward after
	leave or of what to do in the event of him assessment around ward security has become apparent in incidents known to the panel
	involving other patients on the ward and raises concerns about the rigour of risk
	assessments and personalised care planning more widely on the ward.
4.3	Contributory factors (influential and causal factors for each identified care and service delivery problem):
	denvery problem).
	Related to CDP2 and SDP1
	Unfortunately, she did not make a RiO entry to that
	effect and neither of the two members of staff concerned said at interview that they have any memory of that conversation. Furthermore, the nurse in charge of the shift handed over to
	the night shift was due back by 22.00. He stated at interview that he had been in
	ward round most of the day and was unaware of the RiO entry or the conversation
	returning at 09.30. This may be indicative of wider problems with the handover process on
	the ward especially as the panel have not found evidence of previous RiO entries being evidenced in the handover process. The panel note that, at the time of this review, the ward
	had 27 beds, exacerbating the difficulty with co-ordinating effective handover.
	The nurse in charge of the night shift said that when
	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.
	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".

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.

4.4	Root causes (contributory factors that are causal to the incident):
	(include comment on predictability/preventability)

4.5 Lessons learned (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.

# 4.6 Action taken since the incident which relates to any contributory factors, root causes and recommendations:

- 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.

- 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 Recommendations:

- 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

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 <u>T</u> eam <u>D</u> irectorate <u>O</u> rganisation)	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	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	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	• 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	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	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	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	Implementa tion date not yet finalised		