

**REPORT TO THE TRUST BOARD PART 1**  
**22 July 2021**

<b>Title</b>	Coroner's Regulation 28 Report: Prevention of Future Deaths
<b>Author</b>	Andy Cruickshank – Director of Nursing
<b>Accountable Executive Director</b>	Dr Paul Gilluley - Chief Medical Officer Lorraine Sunduza – Chief Nurse

**Purpose of the report**

In December 2018, there was an inpatient death on Ivory Ward in the Newham Centre for Mental Health. The Serious Incident Investigation identified several areas of concern. A local action plan was developed at this time to address the issues highlighted in this investigation. This action plan had Executive oversight.

The subsequent Coroner's Inquest found that street drugs were a primary factor in the death and that failings in care were also likely to have contributed. The Coroner's Regulation 28 is a report on actions to Prevent Future Deaths (PFD). In this case, the actions required focus on:

- a) Searching of patients and their property
- b) Observation practice
- c) Vital signs monitoring after the administration of medicines for Rapid Tranquillisation.

The current report is an update on progress to address the shortcomings in these three areas of practice. All the issues (a-c) were being reviewed and amended through 2019 in response to the incident and were part of the original action plan which was developed. The implementation of this was impacted on by the COVID-19 pandemic, and work is now continuing to strengthen practice and policy. This is reflected in the action plans attached as appendices to this report. These action plans are monitored through the Quality Committee, reporting to the Quality Assurance Committee.

These action parts form part of wider improvement work in Newham inpatient services that is referenced in this report and that draws on the wider range of quality improvement approaches that can support teams to effectively embed improvements in practice.

**Summary of key issues**

A new system of governance and oversight has been introduced to improve provision of training and compliance against these areas of practice.

Changes to policy are being completed to ensure that local leaders have clearer responsibilities for managing the quality and safety of these areas of practice and that the standard of knowledge and practice is reliable.

Training has been redesigned to ensure it covers all the areas of concern. Access to and compliance with this training has been improved and is accessible via the Trust's Learning and Development Team.

Additionally, there is a service improvement plan for Newham Mental Health Inpatient developed in response to the finding of the serious incident on Ivory Ward in December

2018, and then further developed and enhanced following the inquest. Its delivery sits with the Newham Directorate Management Team, reporting to the Quality Committee and from there to the Quality Assurance Committee, with support from the Director of Nursing for London Mental Health and the Chief Nurse.

**Strategic priorities this paper supports (please check box including brief statement)**

Improved population health outcomes	<input type="checkbox"/>	
Improved experience of care	<input checked="" type="checkbox"/>	Safer, more effective care
Improved staff experience	<input checked="" type="checkbox"/>	Clearer expectations and processes for staff to follow
Improved value	<input type="checkbox"/>	

**Committee where this item has been considered**

Date	Committee
28.06.2021	Quality Assurance Committee

**Implications**

Equality Analysis	This report covers the practice regarding rapid tranquillisation and searching practices which can disproportionately impact on ethnic minority service users.
Risk and Assurance	This report summarised actions taken to respond to risk-related interventions and an assurance of the processes for safe practice and oversight
Service User/Carer/Staff	Delivery of safe reliable care is a priority for the Trust. Service users will benefit from consistent and focussed delivery of observations, searching and RT monitoring. Greater staff confidence in using these interventions compassionately will improve their experience of delivering care. Carers will have greater confidence in the safety of their loved ones.
Financial	E-obs requires financial investment as part of the IT programme. Revised training programmes for OLM requires funding.
Quality	The issues highlighted are related to patient safety. Patient safety is the cornerstone of high-quality health care.

**Supporting documents and research material**

a.
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**Glossary**

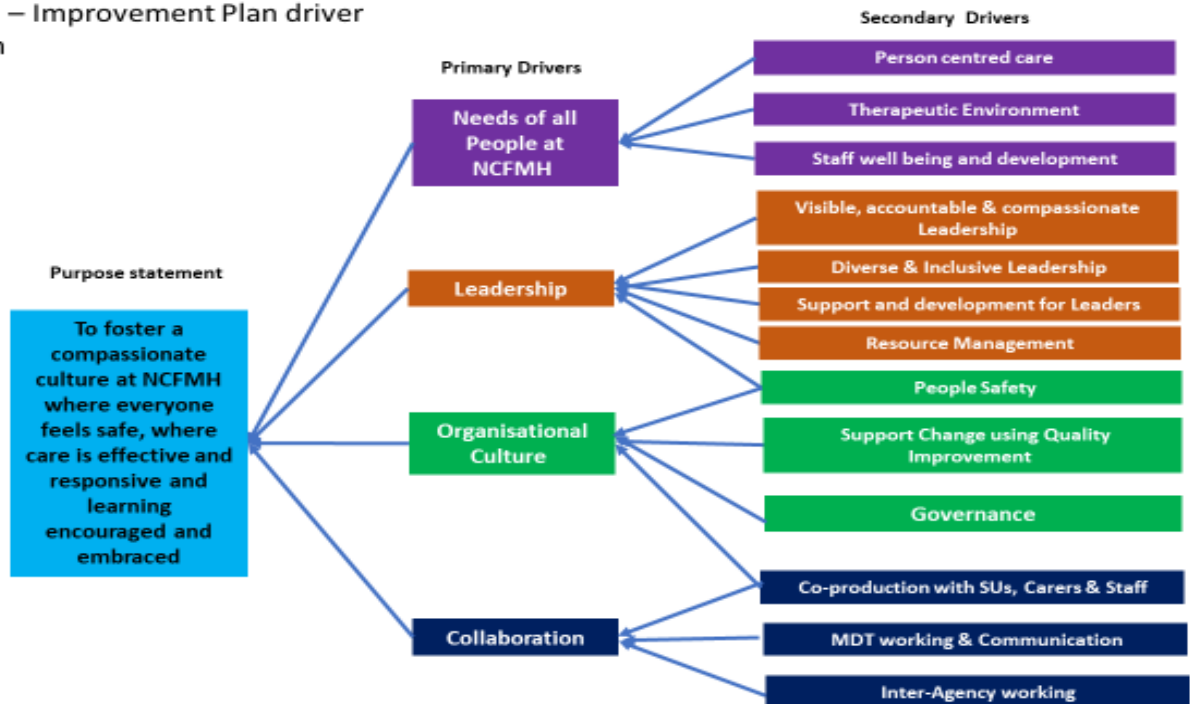
Abbreviation	Meaning
DoNs	Director of Nursing
ELFT	East London Foundation Trust
EMPA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
IMRT	Intensity-modulated radiation therapy
MAPA	Management of Actual or Potential Aggression
OLM	Oracle Learning Management
SAME	Safe Administration of Medication
RT	Rapid Tranquilisation

SDB	Service Delivery Board
PFD	Prevention of Future Deaths

## 1.0 Introduction

- 1.1 In December 2018, there was an inpatient death on Ivory Ward, Newham Centre for Mental Health. The Serious Incident Investigation identified several areas of concern. Several areas for improvement were identified and actions initiated to improve practice. The subsequent Coroner's Inquest found that although street drugs were a primary factor in the death, the failings in care were likely to have contributed to it. Coroner issued the Trust a Regulation 28 to Prevent Future Deaths (PFD) on 30<sup>th</sup> April 2021. The concerns specifically related to:
- a) Searching of patients and their property
  - b) Observation practice
  - c) Vital signs monitoring after the administration of medicines for Rapid Tranquillisation (RT).
- 1.2 The current report is an update on progress to address the shortcomings in these three areas of practice. All the issues (a-c) were being reviewed and amended through 2019 in response to the incident and were part of the original action plan which was developed. The speed of implementation of this plan was impacted by the need to respond to the COVID-19 pandemic but it is recognised that greater oversight and assurance is required to ensure that these areas of practice improve rapidly, and policy changed to reflect the quality and safety requirements highlighted in the report for the entire Trust.
- 1.3 There is a wider body of work to improve the quality, safety and experience of service users and staff that is underway in Newham (please see the Improvement Driver Diagram below). This work pre-dates the PFD and arose from both the directorate and corporate teams recognising the need to make improvements in services. The actions outlined above form a key element of this and will be owned and monitored by the Directorate Management Team.

NCFMH – Improvement Plan driver diagram



**2.0 IMMEDIATE ACTION**

2.1 Due to the seriousness of the concerns outlined in the Regulation 28 report, the content of this report was reviewed in person with all Borough Lead Nurses and their deputies on 5 May 2021 and then shared by letter with all registered inpatient nurses and senior staff across the Trust. These letters relayed a clear message to nursing staff about the Trust’s expectations in relation to search, observations, and Rapid Tranquillisation. Further, they were to prepare staff for the transformational program outlined below.

2.2 A formal action plan has been developed for each of the three areas of practice identified, and the details of this is outlined below against each area. Oversight of this work takes place at the Quality Committee, reporting to the Quality Assurance Committee.

**2.3 SEARCH (Appendix 1)**

One of the issues in this case was that on admission to Ruby Triage Ward at Newham Mental Health Centre, the service user was subject to a property search. However, he retained controlled drugs and a bracelet consisting of a ligature and a blade which the police had previously seized from him and then handed back. The handing back of these items (and the fact this was not handed over by police to staff in Newham) compounded the lack of an adequate property search at the point of admission.

## 2.4 **Search Policy**

In order to address the issue of contraband being handed back, the Trust is revising its search policy to explicitly include guidance on:

- a. Handover of search information.
- b. Reviewing of search information and any relevant documentation; and
- c. Disposal/storage of seized items.

The policy review was completed in June. It will be disseminated to all staff via the Trust Intranet. Communication of this has also been sent directly to all registered and unregistered nursing staff.

## 2.5 **Search Training Module**

To ensure that nursing staff are equipped to carry out robust searches; the Trust has increased the provision and oversight of training and competency assessment across services. Completion of the training course and competency assessment will be monitored using the Trust's Electronic Staff Record (ESR) database.

The development of the module was completed in June 2021. Nursing staff will undertake the training every two years. New joiners will receive the training upon induction. The Lead Nurse in each Directorate will be able to access the ESR training records in real time in order that they are able to monitor compliance easily.

## 2.6 **RiO Code Changes**

Additionally, the Quality and Performance and RiO Teams are developing a code on the Trust's Electronic Medical Records System (RIO) which is to be applied every time a search of a patient is undertaken. This will enable Clinical Nurse Manager's, Matrons and Lead Nurses to access up-to-date information about when patient searches are undertaken and allow them to monitor whether such searches are taking place in compliance with the Trust Search Policy. This will be in use by 31 August 2021.

The new training modules and electronic training monitoring platforms (and the interim measure put in place whilst these are set up) will allow senior nursing staff to closely monitor the implementation of the policy changes and encourage broad dissemination of the Search Policy through-out the Trust.

## 3.0 **OBSERVATIONS (Appendix 2)**

There was evidence indicating that the 15-minute intermittent observation records were unreliable and falsified. Further, most staff members on Ivory Ward, had broad knowledge of this and tolerated it without questioning colleagues.

### **3.1 Reinforcing the Existing Observation Policy**

One of the first steps being taken to address this problem is that all nursing staff (including new staff members and bank staff) working in Trust in-patient services must complete the observations competency checklist that forms part of the Trust's Observation Policy. This is irrespective of whether they have completed the checklist in the past

This checklist will be completed annually going forward and monitored via the ESR system.

### **3.2 Frequent, local monitoring and reporting of observation practice**

Clinical Nurse Managers are reviewing nurses' observation practice daily. They are also undertaking weekly night visits on the wards to observe compliance with the observation policy at night.

These reviews will focus on ensuring there is adequate staffing to deliver prescribed observations and that practice is in keeping with both patients' needs and the Trust's policy. The outcome of the reviews will be discussed weekly with the Matrons. The Borough Lead Nurses will review the records

### **3.3 Observations audits**

An updated system for auditing observations is being implemented. Templates for monitoring auditing observation practice were sent to the Borough Lead Nurses as of 30 May 2021 to be cascaded down to their respective teams. Ward Managers will complete the audits daily and report to Ward Matrons on the numbers of observations being undertaken properly and any patterns of concern.

A data reporting structure has been developed with the Governance Leads for each directorate so that audit data, review processes, information and learning is reliable, accessible, and transparent.

### **3.4 Nurse Observation Training Modules**

The Trust's Learning and Development Team in conjunction with the Director of Nursing are creating an observations module and associated compliance record on the Trust's ESR data base. It is expected that nursing staff will undertake this training annually. The Lead Matron in each directorate will be able to access the ESR training records in real time in order that they are able to monitor compliance. This is now in place and operational.

### **3.5 Medical Records Training**

Two half day training sessions will be provided to the Borough Lead Nurses on medical record keeping by the Trust's external solicitors within the next 6 months. The training will focus on the legal standard expected for documenting medical practice (especially in relation to observations) and will ensure staff understand when retrospective entries are and are not appropriate and what comprises a misleading record.

The Borough Lead Nurses and nominated Matrons will deliver training to staff on induction and at away days that reflects this learning.

### **3.6 E-observations platform**

The Trust is developing an e-observation (e-obs) recording system to replace the current paper-based system. The intention is that staff will carry an iPad with direct links to RiO so they can enter patient records in real time. It is expected that this will improve the timeliness and accuracy of observations. A full project plan will be completed by the end of July 2021 with anticipated roll out throughout each hospital site from early October 2021.

### **4.0 RAPID TRANQUILLISATION (Appendix 3)**

The Coroner highlighted that Trust staff failed to both follow the Trust's Rapid Tranquillisation and Monitoring Policy and complete the documentation that is required to ensure patient safety post RT. The jury determined that this failure contributed to the death.

#### **4.1 Policy Changes**

Given the serious implications of the above findings, the Chief Nurse made immediate changes to the substance of the Trust's RT policy. On 10 May 2021 (via email), she instructed all Lead Borough Nurses that as of 17 May 2021, RT Monitoring will only be undertaken by Registered Nurses. Further, patients receiving RT medicines will be placed on eyesight observations with a Registered Nurse, ONLY, for the first hour, post-administration.

Observations training is a fundamental part of the training and curriculum undertaken by Registered Nurses to receive their qualification. Given this, and their obligations to their professional body to undertake their duties in line with training, they are best placed to carry out RT monitoring and reinforce its importance to other staff members.

Additionally, the following areas of the Trust's policy are scheduled to be reviewed by a Subject Matter Expert Group led by Director of Nursing. It will be updated by 31<sup>st</sup> August 2021 with a specific focus on:

- 1) Clarifying the definition of RT
- 2) Describing the parameters of normal physical health limits and highlighting when to refer for medical attention
- 3) Revising the inappropriate use of word 'ambulatory' with regards to post RT monitoring
- 4) Mandating the consistent use of paper monitoring charts on all wards/sites (currently staff gather data in different ways and therefore it is not possible to tell if values on RiO are for rapid tranquillisation monitoring or something else).
- 5) Developing an RT 'Grab Pack' (a succinct checklist and flowchart describing all steps of rapid tranquillisation monitoring) for the wards and incorporated into the Policy as an appendix.

#### **4.2 Rapid Tranquilisation training**

In order to ensure that Nurses are fully aware of both the importance and the content of the Trust's RT policy, processes, and procedures; the Trust is redesigning its program of training.

Whilst the new training program is in development, as in interim measure, a slide outlining the Trust's policy changes and highlighting the importance of RT monitoring has been included in the existing RT training provided to all Registered Nurses and Nursing Associates. This is delivered annually as part of the Trust's Safe Administration of Medicines Electronic (SAME) training.

The more substantial stand-alone training module in relation to the administration and post-administration monitoring of RT is expected to be completed by 31 August 2021. It will be undertaken alongside the SAME training annually.

By 31 August 2021, the Trust will make an e-learning package on RT available on ESR where its completion will be monitored in real time by Clinical Nurse Managers and Matrons.

#### **4.3 RIO Rapid Tranquilisation Form**

Since the e-obs platform outlined above will only be available later this year, as of June 2021 a RIO RT monitoring pack will be used as an interim measure to reinforce the Trust's RT policy.

The pack will be readily available on the Wards and provides standardised guidance as to the process and forms to be filled out before, during and after the RT process. It includes clear directions on how to monitor those who refuse vital signs physical monitoring (assessing level of consciousness and observable early signs of deterioration) and a trigger tool for escalation.

#### **4.4 Observation Culture**

The issues highlighted in the practice of the ward team members on shift on the day of the incident raised concern of a culture that led to observation practice not being followed as prescribed. Work inpatient improvement plan for Newham Centre for Mental Health, which started in response to the incident and predates the PFD is focussed not only on clinical practice but to address unsafe culture it also focuses on leadership and use of quality improvement with support of the Organisation Development Team and Freedom to Speak up Guardian. The actions are applied Trust wide and are co-produced with nursing staff.



#### **4.5 Monitoring of Progress**

Please see the appendices below for the most recent versions of the action plans for each area of practice

All the areas of work above have an accompanying action plan (attached as appendices) identifying roles and responsibilities and deadlines for completion. Progress will be monitored at the most local level through ward/unit team meetings. Directorate Management Teams will oversee this to be able to respond to any emerging issues or themes. The Director of Nursing will follow up progress and any learning and remediate local issues. Regular executive oversight occurs through the Quality Committee, with regular reporting to the Trust's Quality Assurance Committee.

#### **5.0 Action being requested**

- 5.1 The Board is asked to CONSIDER whether appropriate assurance has been provided



**East London**  
NHS Foundation Trust

Search Improvement Strategy - **ACTION PLAN – Appendix 1**

Named Lead: Director of Nursing Last updated: <b>Version 1 updated 12.7.21</b> Meeting Attendees				
Overarching Action	Action Breakdown	Assigned to	Deadline	In progress/ Complete
<b>1) PFD - Letter/ Communication to all nurses stating required action following Coroner's Preventions of future Deaths notice</b>	Lead nurses sent letter RE: Regulation 28: Report to Prevent Future Deaths from CHIEF OF NURSING AND DIRECTORS OF NURSING stipulating required actions	Chief Nurse, Directors of Nursing	May 2021	Complete
	To be emailed out to each individual registered nursing profession (including bank staff) – to be personally addressed	Chief Nurse, Directors of Nursing	26 <sup>th</sup> May 2021	Complete
<b>2) Lead nurses to review existing training materials and create training pack applicable to Acute and Forensic service</b>	Lead nurses from the different areas and the MAPA team to review the available slide deck and ensure that it matches the practice required for their level of security and is in line with updated search policy	Directors of Nursing	30 <sup>th</sup> June 2021	Completed
<b>3) Local trainers identified for each area to deliver to face to face training.</b>	Where appointed locality MAPA trainers or experienced clinical staff will be released to attend enhanced search training by	Lead Nurses	30 <sup>th</sup> June 2021	Complete

	the security team in Forensic services.			
<b>4) Programme of face-to-face training delivered to inpatient staff who will be expected to conduct searches</b>	Training to be completed for all MH nursing staff in inpatient services – local data to be reviewed with DoNs. Local lead Matrons identified	Lead Nurses	31 <sup>st</sup> August 2021	In progress
<b>5) Move local records to ESR</b>	Learning and development to create database for search training (to include search training and RT competency)	Training and Development Directors of Nursing	30 <sup>th</sup> June 2021	Complete – currently being populated
<b>6) Frequent, local monitoring of practice</b>	Program of quarterly Audit of search form completion in line with policy. Initially manual exercise and move to Rio once Rio code available.	Lead Nurses	30 <sup>th</sup> June 2021	Completed – audits underway
	Development of Rio code for search form	Directors of Nursing	31 <sup>st</sup> August 2021	In progress
	Report on any patterns of failures or concerns Develop data reporting structure for Directorate Management Teams and DoNs	Lead Nurses Directors of Nursing	30 <sup>th</sup> June 2021 <b>revised date for completion 31<sup>st</sup> August</b>	In Progress
<b>7) Adaptions to search policy to include learning</b>	Update trust wide policy safe environments and searching	Directors of Nursing	30 <sup>th</sup> June 2021	Complete

<b>from serious incidents</b>				
<b>Other Considerations/Notes:</b> Communication of changes to policy to be issued 16/7/21				
<b>Observation Improvement Strategy - ACTION PLAN – Appendix 2</b>				
<b>Named Lead: Directors of Nursing</b> <b>Meeting Attendees</b> <b>Please send all progress updates to Andy Cruickshank</b>				
<b>Overarching Action</b>	<b>Action Breakdown</b>	<b>Assigned to</b>	<b>Deadline</b>	<b>In progress/ Complete</b>
<b>7) PFD - Letter/ Communication to all nurses stating required action following Coroner's Preventions of future Deaths notice</b>	Lead nurses sent letter RE: Regulation 28: Report to Prevent Future Deaths from CHIEF OF NURSING AND DIRECTORS OF NURSING stipulating required actions	Chief Nurse/Directors of Nursing	May 2021	Complete
	To be emailed out to each individual registered nursing profession (including bank	Chief Nurse/Directors of Nursing	26 <sup>th</sup> May 2021	Complete Additionally, letter sent to all Borough and clinical directors outlining the programme of work and expectations of local oversight of progress

	staff) – to be personally addressed			
<b>8) Lead Nurses to review Obs training compliance in their respective clinical teams</b>	Training and competency checklist to be completed for all MH nursing staff in inpatient services – local data to be reviewed with DoNs. Local lead Matrons identified.	Directors of Nursing	30 <sup>th</sup> June 2021	Complete – systematic accruing of data
<b>9) Move local records to ESR</b>	Learning and development to create database for Obs (to include search training and RT competency)	Head of People Development, Director of Nursing (London)	30 <sup>th</sup> June 2021	Database complete – currently being populated with info from Action 2
<b>10) Frequent, local monitoring of practice and reporting of observation concerns/failures</b>	Daily checks to be undertaken by ward managers, discussed weekly with Matrons Weekly night visits in each area to observe and discuss practice	Lead Nurses	June 2021	Process complete and in use
	Report on numbers of observations and any patterns of failures or concerns Develop data reporting structure for Directorate	Lead Nurses Directors of Nursing	June 2021	Process complete and in use

	Management Teams and DoNs			
<b>11) Development of E-Obs</b>	E-Obs Project board developed with IT – full plan of options, delivery, and time scales to be completed by Project Manager	IT DEPT Directors of Nursing	June 2021	Project plan complete
<b>12) E-Learning/Webinar training for all new starters</b>	Record training sessions and make available to all staff – attendance records process and competency sign off to be finalised.	Lead for Nurse Development, Head of People Development, Director of Nursing	May 2021	Complete – competency agreed to be signed off in face-to-face meeting with local nurse leaders
	Select nurses to pilot the finalised e-learning module	Lead for Nurse Development, Directors of Nursing	June 2021	Complete
<b>5) Improvement Work on Observation Practice/Extra Care</b>	Test teams engaged – weekly QI meetings designing and testing out change ideas and concepts. Results/outcomes to report to CNO	Director of Nursing (London) Matrons	September 2021	In progress
<b>Other Considerations/Notes:</b>				

Rapid Tranquilisation Improvement Strategy - **ACTION PLAN – Appendix 3**

<b>Named Lead: Director of Nursing</b> <b>Last updated: <span style="background-color: yellow;">Version 1 updated 12/7/21</span></b> <b>Meeting Attendees 25.05.21 –Directors of Nursing Medicines Safety Officer. Please send all progress updates to Medicines Safety Officer, Indreet Anand</b>				
Overarching Action	Action Breakdown	Assigned to	Deadline	In progress/ Complete
<b>13) PFD - Letter/ Communication to all nurses stating required action following Coroner's Preventions of future Deaths notice</b>	Lead nurses sent letter RE: Regulation 28: Report to Prevent Future Deaths from CHIEF NURSE AND DIRECTORS OF NURSING stipulating required actions	Chief Nurse, Directors of Nursing	May 2021	Complete
	To be emailed out to each individual registered nursing profession (including bank staff) – to be personally addressed	Chief Nurse, Directors of Nursing	May 2021	Complete
<b>14) EMPA</b>	EMPA – NURSING drug administration notes active for IMRT- appear when charting administration in JAC to highlight to monitoring must be undertaken in line with Policy	Medicines Safety officer	Feb 2021	Complete
<b>15) SAME -Safe administration of medicines nurses e-learning</b>	A slide has been included on RT Post monitoring – <b><u>awaiting final upload on OLM (May 2021)</u></b>	Medicines Safety Officer	May 2021	Complete
<b>16) RT Policy Review</b>	Physical health - parameters to be reviewed; detail re normal limits and when to refer for	Lead Nurse Practice Education	June 2021	Complete



	medical attention to be stipulated within the main body of the policy e.g., blood pressure.			
	-RT Definition -to be clarified at the beginning, highlight IM use as part of an oral refusal plan still requires monitoring. -Term 'ambulatory' with regards to post monitoring – not acceptable to be reviewed and revised - Use of paper monitoring charts to be mandated for all wards/sites	Medicines Safety Officer	June 2021  <b>New deadline – 31<sup>st</sup> August 2021</b>	In Progress – policy needs comprehensive rewrite
	-General Review of Policy – disseminated to key stakeholder for final review and amendments	Director of Nursing	June 2021 <b>New deadline – 31<sup>st</sup> August 21</b>	In progress – see above
	Final Policy for meds com approval / chairs action	Director of Nursing, Medicines Safety Officer	July 2021 <b>New Deadline – 31<sup>st</sup> August 2021</b>	In Progress see new deadlines for policy
<b>17) Ward 'Grab Packs'</b>	Ward RT 'Grab Packs' (providing succinct checklist) to be developed for wards and incorporated into the final RT Policy as an appendix	Lead Nurse Practice Education, Director of Nursing	June 2021	In progress – packs developed and being tested
<b>18) E-learning Module (MANDATORY)</b>	Quote for e-learning module to be forwarded to Learning & Dev Team	Medicines Safety Officer	May 2021	Complete

<b>After RT Policy Finalisation</b>	Approval paperwork to be taken to SDB for final sign off	Head of People Development	July 2021	In progress
	RT working group required with lead to review and amend e-learning module, so it is tailored for ELFT and aligned to the ELFT Policy. Required amendments to be sent to developer to finalize	Director Nursing	June 2021 <b>New deadline – August 21</b>	In Progress – working group established.
	Select nurses to pilot the finalised e-learning module with nurses	Director of Nursing	September 2021	In progress as above
<b>6) RIO RT form</b>	RIO RT monitoring form to be developed as interim measure (May 2021) until e-obs is implemented later this year.	IT/Trust Digital Champion	November 2021	In progress – Aim to be in use end of August 2021.
<b>Other Considerations/Notes:</b>				