The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Gwyneth Wilson, Director of Patient Experience and Lead for Nursing and Non-Medical Professionals	Decision	√	High	Med	Low
CONSULTATION:	Information				√
Learning Disability Liaison Nurse	REPORT TYPE:		RELATED WORK:		
	Strategic				
	Operational				
	Governance	√			
BAF ref:					
Monitor Compliance Framework:					
CQC Essential Standard Reference:	√				
NHSLA Standard Reference:					
Media / Communications:					

Meeting Date: 30 July 2012
Report Title: Department of Health Review: Winterbourne View Hospital

Purpose:. The purpose of this report is to highlight to both the Board of Directors and Trust Executive Committee, the interim report of the Department of Health review of Winterbourne View Hospital, subject of a recent Panorama programme. The report includes a number of actions to be undertaken by NHS Trusts. These actions and the Trust's response can be found at Appendix A.

Summary: The events at Winterbourne View were an extreme and unacceptable example of the abuse of people with Learning Disabilities. The report suggests that the events that occurred are not widespread or systemic, but there is evidence of poor quality care, people staying in assessment units for too long and people being placed too far from friends and family.

Everyone has a duty to drive up standards, both local and national. The final report will be published when criminal proceedings have concluded, with a progress report being published one year later.

Financial Implications / Efficiency Savings / Quality Improvement:

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience

Recommendations: To note the contents of the report and the Trust's response in the form of an action plan.

Author **Gwyneth Wilson, Director of Patient Experience and Lead for Nursing and Non-Medical Professionals**
Date **12 July 2012**

Appendix A

The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

Subject:		Review Date:	Monitoring Body:
Winterbourne Report and Recommendations		6 monthly	Quality and Risk Committee
Related Performance Indicator	and Target:	Performance against KPI as at date of Review:	BAF/Risk Register Reference:
CQC Essential Standards All Standards		N/A	N/A
Conditions / Triggers for Escalation/Exception reporting to Board / Senior Committee (determined by Monitoring Body):			
This is a GAP analysis based on the recommendations within the report and not an action plan.			

Ref. No.	Recommendations	Weighting H,M,L	Action required to support the recommendations	Responsi-bility	Gap analysis	Date for completion	RAG	
1	Ensure that people are safe and protected from harm	H	Implement an electronic Flagging system for patients with a learning disability or autism	IM&T Project Lead	Learning Disability /Autism Sticker in Patient records until the new Patient Centre software is implemented.	2013	G	
			Develop a 24 Hour Learning Disability/ Mental Health Liaison Service, as service is currently only available Monday to Friday 9.00 – 5.00	Board of Directors	This service is not available – a risk assessment needs to be undertaken and a Business Case developed.	2013	A	
			Ensure mandatory Learning Disability/Autism Awareness training for doctors and Nurses	Learning Disability	Part of induction at level 1 – but some staff groups will	Sept 2012	A	

Ref. No.	Recommendations	Weighting H,M,L	Action required to support the recommendations	Responsi-bility	Gap analysis	Date for completion	RAG	
				Liaison/ Mental Health Liaison Nurse	require more in-depth training at level 2.			
2	Ensure that the health and well-being of individuals for whom services are provided is supported	H	Provide Learning Disability/Autism Awareness Training at level 1 and level 2. Ensure that appropriate policies and procedures are in place Increased use of **My Health Book**	Learning Disability Liaison Nurse Learning Disability Liaison Nurse Learning Disability Liaison Nurse/ Learning Disability Services	Learning Disability Liaison Nurse in post and provides this training at level 1 but need to increase number of attendees to level 2. Learning Disability Policy Learning Disability Champion System Learning Disability Steering Group meets regularly Care pathway developed. My Health Book system in operation but not all patients attending hospital bring a copy with them.	Sept 2012 Completed On-going	G	
3	Ensure that individuals' care needs are met	H	Develop protocol for providing additional support in hospital	Learning Disability Liaison / Regional network of Liaison Disability Liaison Nurses	Care Pathway developed. Reasonable adjustments are routinely made.	On-going	G	

Ref. No.	Recommendations	Weighting H,M,L	Action required to support the recommendations	Responsi-bility	Gap analysis	Date for completion	RAG	
4	Ensure that people are supported to make decisions about their daily lives, involving an advocate if required.	H	Mandatory Mental Capacity Act Training Mental capacity Act processes followed Medical staff to be more aware of Medical Capacity Act.	Director of Nursing Learning Disability Liaison Nurse Learning Disability Liaison Nurse	Learning Disability Resource files available in all clinical areas. New documentation currently being piloted with a view to Trust-wide roll out. Mental Capacity Act training at Nursing Induction, Preceptorship and Return to practice	On-going On-going On-going	G	
5	Good communication and partnership working with family and carers. Ensure that people are supported to maintain friendships and family / carer links.	M	Provide Learning Disability/Autism Awareness Training so that staff are aware of the importance of ensuring patients maintain family/carer links.	Learning Disability Liaison Nurse	Reasonable Adjustments made routinely e.g. family carer supported to stay. Carers policy and leaflet available.	On-going	A	
6	Provide support for personal and professional accountability and development	M	Increase Learning Disability / Autism Awareness Training Learning Disability website in development,	Learning Disability Liaison Nurse Learning Disability Liaison Nurse	Learning Disability Liaison Nurse in post who supports staff and patients. Learning Disability/Autism Awareness Training available. Flexible learning solution package to be made available on the intranet.	On-going Sept 2012	G	
7	Training in working with people with complex needs and behaviour which challenges	M	Provide mandatory Learning Disability/Autism Awareness training.	Director of Nursing	Learning Disability/Autism Awareness training widely available, Levels 2 and 3 to be implemented.	Sept 2012	A	

Ref. No.	Recommendations	Weighting H,M,L	Action required to support the recommendations	Responsi-bility	Gap analysis	Date for completion	RAG	
			E-learning on website	Learning Disability Liaison Nurse / IM&T Lead	Training also at Nursing Induction, Preceptorship and Return to practice Bespoke training available Clinical support and advice available.	On-going	G	
8	Involvement of people with Learning Disabilities and their family / carers in service development.	L	The Trust has an active steering group but requires one or more people with Learning Disability to sit on Learning Disability Steering Group	Learning Disability Liaison Nurse	Excellent links with West Norfolk Parent Carer Association, Opening Doors and Project Search who are trying to identify an individual.	Dec 2012	A	
9	Monitor individual's progress and review plans	M	Increase family / carer involvement e.g. completion of fluid balance charts	Learning Disability Liaison Nurse / Clinical staff	Prescription for care, patient documentation now introduced. Family members are carers to be encouraged to complete fluid balance charts.	Ongoing	A	
10	Ensure a good understanding of the legislative framework and human rights	M	Provision of Learning Disability / Autism awareness Training for all Trust staff	Learning Disability Liaison Nurse	64% ward nursing staff trained in Learning Disabilities Autism Awareness March 2011 (part of CQUIN). Now part of nursing induction.	Ongoing	A	
11	Take action to report any concerns identified	H	Increase incident reporting	All Trust Staff	Datixweb reporting system Leadership involvement e.g. Matrons' commitment	Ongoing	G	
12	Involve individuals and their families in developing plans	M	Increase use of easy read and accessible information	All staff	Hospital Passports Pictorial menus Reasonable Adjustments e.g. visiting de-restriction	Sept 2012	A	

Ref. No.	Recommendations	Weighting H,M,L	Action required to support the recommendations	Responsi-bility	Gap analysis	Date for completion	RAG	
13	Ensure plans are accessible to service users and in a format they can understand	M	Easy read information needs to be widely available	Learning Disability Liaison Nurse	Some easy read information available e.g. complaints leaflet, PAL's leaflet, etc	On-going	G	
14	Ensure that discharge planning is built into care plans from day one when people go into hospital settings	L	Continuing Healthcare assessment process to be speeded up to avoid delayed discharge	Health and Social care system	Expected Date of discharge (EDD) to be widely used. Liaison with Community for quicker discharge. Learning Disability Teams promotes timely and safe discharge	Ongoing	G	
15	Ensure that patients are provided with personalised care, including support with choice and control	M	Improvements in Mental Capacity Act processes	All clinical staff	Mental Capacity Act training available. Learning Disability/Autism Training available. Hospital Passports in use and routinely audited.	Ongoing	G	
16	Recruitment practices must select people who are suitable for working with people with learning disabilities and behaviour which challenges. Nurses should be recruited for their caring nature and compassion.	M	Recruitment process based on values and attitudes as well as their knowledge and skills.	Human Resources / Managers	Values and behaviours workshops have now been running for 6 months. The outcomes will become part of Trust's values objectives and clinical strategy.	Ongoing	A	
17	Ensure that staff have the right incentives to create and maintain the right culture in services. This includes setting	M	Agreement of Core Values and Behaviours Development of Trust Objectives	Board of Directors / Managers / All clinical staff	Training in Learning Disability / Autism provided. Values and Behaviours Workshops underway.	Oct 2012	A	

Ref. No.	Recommendations	Weighting H,M,L	Action required to support the recommendations	Responsi-bility	Gap analysis	Date for completion	RAG	
	clear expectations and accountabilities.		Development of Clinical Strategy Development of Great Patient Experience		All nursing job descriptions updated with clear expectations and accountability			
18	Ensure that training includes value bases when working with people with LD, positive behaviour support, types of communication, including non-verbal communication, and particularly Mental Capacity Act requirements.	M	Increase uptake of training in relation to Learning Disabilities Mental Capacity Act: Deprivation of Liberty.	Human Resources Learning Disability Liaison Nurse	Values and Behaviours Workshops Training in Learning Disability / Autism includes heavy focus on value bases, particularly higher level sessions (level 2 and 3) Banner Pens include Top tips for supporting patients with a Learning Disability and also Mental capacity Act information	Ongoing	G	
19	Involve people with learning disabilities and families in training.	M	System needed to cover expenses / payment of people with Learning Disability or family carers who support Learning Disability / Autism Awareness Training, in the same way as members and Governors can claim travel costs when attending Trust meetings.	Board of Directors	Persons identified who are suitable and would be willing to act as co-trainers when required (person with Learning Disability and also family carers).	Sept 2012	A	
20	Ensure there is a clear whistleblowing policy in place which makes it clear that staff who raise concerns will be supported. The policy provides ways to bypass	M		All Staff	Trust Whistleblowing Policy in place Helpline available on Ext. 3949 Nursing and Midwifery	Ongoing	G	

Ref. No.	Recommendations	Weighting H,M,L	Action required to support the recommendations	Responsi-bility	Gap analysis	Date for completion	RAG	
	the immediate line management chain where necessary and supports staff to raise whistleblowing concerns promptly.				Council Helpline available			

KEY: RAG Rating					
	Complete		On track for delivery		Behind plan and action needed to bring back on target (see Recovery Plan column)
KEY: WEIGHTING					
H	High Priority	**M**	Medium Priority	**L**	Low priority