

West Hertfordshire Hospitals NHS Trust Action Plan – Mr A

Rec	Summary of Report Recommendation	Current Provision	Further Actions Required	By Whom	Review Date	Evidence of completion	RAG Rate
1	West Hertfordshire Hospitals NHS Trust and the future commissioning body responsible should ensure that any patient with epilepsy who has a psychotic episode, irrespective of apparent cause, should be referred to a psychiatrist with neuro-psychiatry experience, for psychiatric assessment.	<p>This is routine clinical practice for patients presenting with a prolonged post-seizure psychosis.</p> <p>Continuous reinforcement of the need to adhere to national and local policy and guidelines.</p>	Complete	Consultant Neurologist West Hertfordshire Hospitals NHS Trust	N/A	Information available within individual patient records.	
2	West Hertfordshire Hospitals NHS Trust should consider involving epilepsy charities (Epilepsy Action, Epilepsy Bereaved and the National Society for Epilepsy) in the neurology services provided by them, and providing signposting advice to service users.	Patients and families are now provided with signposting advice to epilepsy charities, where appropriate.	Complete	Consultant Neurologist West Hertfordshire Hospitals NHS Trust	N/A	Information available to service users.	

3	<p>West Hertfordshire Hospitals NHS Trust and Hertfordshire Partnership NHS Foundation Trust should develop joint protocols that clearly detail action that should be taken, and what the response from both services should be, when there are concerns about the mental health or behaviour of an individual on the premises at Acute Admissions Unit (AAU) or in the Accident and Emergency (A&E) department.</p>	<p>Rapid Assessment, Interface and Discharge Team (RAID) was introduced at Watford General Hospital in April 2013. This is an age-inclusive, consultant-led psychiatric liaison service, offering advice, assessment and interventions for patients in Accident and Emergency (A&E) and on the wards who may have mental health problems alongside their physical health needs.</p> <p>An escalation protocol is now in place, which was further developed in light of this serious incident, detailing the action that should be taken and response required from both Trusts when there are concerns about the mental health of any individual on the premises at Acute Admissions Unit (AAU) or Accident and Emergency (A&E), namely the Modified Mental Health Triage Scale.</p> <p>This new shared protocol has been jointly reviewed and agreed by West Hertfordshire Hospitals NHS Trust (WHHT) and Hertfordshire Partnership NHS Foundation Trust (HPFT) staff.</p>	<p>Overall-Partially Completed</p> <p>Rapid Assessment, Interface and Discharge Team (RAID)-in place from April 2013</p> <p>In place from October 2011</p> <p>The relevant West Hertfordshire Hospitals NHS Trust overarching operational</p>	<p>Medical Director, West Hertfordshire Hospitals NHS Trust</p> <p>Managing & Clinical Directors</p> <p>Rapid Assessment, Interface and Discharge Team (RAID) Team Manager</p>		<p>Evidence of Implementation/ Supporting Documentation:</p> <p>Hertfordshire Partnership NHS Foundation Trust & West Hertfordshire Hospitals Operational Policies have the agreed shared protocol within current versions.</p>	
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	<p>This should include clear processes for reporting such incidents into both organisations and an escalation process to be used when the response from one or both of the organisations is ineffective.</p>	<p>West Hertfordshire Hospitals NHS Trust (WHHT) and Hertfordshire Partnership NHS Foundation Trust are required to work within the National Patient Safety Agency (NPSA)'s 2010 <i>National Framework for Reporting and Learning from Serious Incidents Requiring Investigation</i> 2010, as updated in March 2013 (<i>An update to the 2010 National Framework for Reporting and Learning from Serious Incidents Requiring Investigation</i>), which details the responsibilities for organisations in relation to contributing to or leading Serious Incident</p>	<p>policy is currently under review and the agreed joint escalation protocol (in place and used) will be included the revised Operational Policies by February 2014</p> <p>West Hertfordshire Hospitals NHS Trust and Hertfordshire Partnership NHS Foundation Trust will develop a joint protocol, in line with national guidance, to clearly identify processes for reporting and investigating</p>		<p>June 2014</p>	<p>Jointly agreed Incident escalation and investigation protocol document is in place.</p> <p>Refreshed and ratified Serious Incident Policies of both Trusts include the jointly agreed incident investigation protocol document.</p>	
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		investigations.	<p>serious incidents which span both organisations. This will include escalation processes when the response from one or both organisations is ineffective- by end Jan 2014.</p> <p>Approval of above protocol will be via individual Trusts' governance arrangements and respective organisations' Serious Incident Policies will be updated to reflect the agreed protocol- by end Feb 2014.</p>	<p>West Hertfordshire Hospitals NHS Trust and Hertfordshire Partnership NHS Foundation Trust Patient Safety Managers</p> <p>West Hertfordshire Hospitals NHS Trust and</p>	June 2014		
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				Hertfordshire Partnership NHS Foundation Trust Patient Safety Managers			
13	<p>West Hertfordshire Hospitals NHS Trust should ensure that the services it provides to those with a diagnosis of epilepsy follow NICE guidance.</p> <p>In particular: “Review and referral: At the review children, young people and adults should have access to: written and visual information, counseling service, information about voluntary organisations, epilepsy specialist nurses, timely and appropriate investigations, referral to tertiary service, surgery if appropriate”.</p>	<p>West Hertfordshire Hospitals NHS Trust follow the NICE guidance as described in the recommendation.</p> <p>The Trust ensures that patients all have access to written and visual information and information about voluntary organisations.</p>	<p>New leaflets ordered, to be available by end Nov 2013</p> <p>Posters to be made available for additional visual awareness-raising – by End Feb 2014</p> <p>Subject to the Clinical Commissioning Group (CCG) approval the Trust plans to</p>	<p>Consultant Neurologist West Hertfordshire Hospitals NHS Trust</p> <p>Consultant Neurologist West Hertfordshire Hospitals NHS Trust</p> <p>Consultant Neurologist West Hertfordshire Hospitals</p>	In line with national audit	Ongoing national audit	Leaflets are available. Posters are in place.

			<p>obtain a specialist nurse and is liaising with the CCG - by April 2014</p> <p>The Consultant Neurologist is currently reviewing whether appropriate charities are able to provide counselling-meeting taking place end of Nov 2013</p>	<p>NHS Trust</p> <p>Consultant Neurologist West Hertfordshire Hospitals NHS Trust</p> <p>Consultant Neurologist West Hertfordshire Hospitals NHS Trust</p>	<p>April 2014</p> <p>Feb 2014</p>	<p>Funding and approval to appoint by Clinical Commissioning Group (CCG) given to West Hertfordshire Hospitals NHS Trust (WHHT)</p> <p>Counselling service in place.</p>	
14	West Hertfordshire Hospitals NHS trust should ensure that	Rule 43 Letters are received by the Chief Executive and	Ongoing receipt and	Chief Nurse	Ongoing	Appropriate, timely responses to applicable	

	<p>responses to reports from the Coroner are accurate and that procedures are in place to make sure that Rule 43 reports are identified and that information is collected and action considered within a governance process which is monitored by the trust board.</p>	<p>assigned for consideration and response to the division in which the issue was reported. The response, with action plan is approved and a lead designated to take the action forward. Implementation is reviewed via Divisional Safety and Quality meetings and assurance reported to the Patient Safety, Quality and Risk Committee, a subcommittee of the Trust Board. Serious Incident Summary Reports to Board include any Rule 43 letters issued to the Trust.</p>	<p>actions relating to any Rule 43 letters when received by the Trust.</p>			<p>Rule 43s received. Evidence of ongoing monitoring at Committee and Divisional Level.</p> <p>Reference to Rule 43s in Serious Incident reports.</p>	
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RAG RATING:

RED: No progress has been made towards completion date

AMBER: Partially completed action that is in progress and expected to achieve completion date

GREEN: Fully completed