

**SAFETY IMPROVEMENT PLAN**  
SIGN UP TO SAFETY  
FEBRUARY 2016 UPDATE

GOVERNANCE & QUALITY ASSURANCE  
DEPARTMENT

*Sign up to*  
.....  
**SAFETY**

# Safety Improvement Plan

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C&I are committed to continually making our services safer, and as such are pleased to have signed up to the NHS England Sign Up to Safety Campaign.

## What is Sign Up to Safety?

Sign Up to Safety is a national patient safety campaign. It is part of a number of national initiatives, through which NHS England aims to reduce avoidable harm by 50%. Individuals and organisations can sign up to safety. By signing up, C&I have made five commitments:

The five Sign up to Safety commitments are:

- **Put safety first.** Commit to reducing avoidable harm in the NHS by half and make public the goals and plans developed locally.
- **Continually learn.** Be more resilient to risks as an organisation, by acting on the feedback from patients and by constantly measuring and monitoring how safe services are.
- **Be Honest.** Be transparent with people about progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
- **Collaborate.** Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
- **Be Supportive.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress.

This document is the C&I Sign Up to Safety Safety Improvement Plan. It was initially published in October 2015, and has now been updated with our progress. It contains the detailed pledges and action plans showing how C&I is working to achieve the pledges we have made to contribute toward making the NHS the safest healthcare system in the world.

This document is available to all C&I stakeholders, and published on our website. The action plan is refreshed every quarter with up to date progress. This document gives the full action plan table, followed by “driver diagrams” showing the steps to achieving three key safety priorities. The first identified priorities are:

- Learning lessons from serious incidents
- Reducing falls
- Reducing non-clinical bed moves.

Commitment	C&I Pledge		Workstreams supporting this pledge	Progress updates	Progress status
<b>Put safety first.</b> Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally	Commit to reducing avoidable harm	1.1	1.1 Demonstrate improvements in safety culture by improving incident reporting rates.	NRLS data shows that in two years the Trust has moved from being the lowest national reporter of patient safety alerts to above the national average. This demonstrates a strongly embedded safety culture.	<b>COMPLETE</b>
		1.2	1.2 The Trust will go beyond the national requirement to follow up all people discharged from hospital on CPA within 7 days, and will follow up everybody discharged (including non-CPA). This is in recognition of the increased suicide risk in the 7 days post-discharge.	Non-CPA follow ups are now monitored at divisional performance meetings monthly. The Information Team and Business and Performance Managers are working together to ensure automated reports are accurate following a change to a new clinical records system. The Trust has implemented a 72hr follow up protocol. All follow ups are now arranged within 72hrs. This allows opportunities for further follow ups within 7 days if someone finds it difficult to engage or does not attend.  This is now included in our routine monitoring and has become "business as usual." Ongoing follow up to ensure this happens consistently will be via Divisional Performance Meetings.	<b>COMPLETE</b>
		1.3	1.3 The Trust will commit to the Sign up to Safety Campaign and publish regular progress reports for all of our stakeholders	The Trust has developed this comprehensive plan, and has begun making progress on each of our pledges.  We are now publishing the Feb 2016 update to the plan.	<b>ONGOING</b>
	Identify key areas of avoidable harm and take action to reduce them	2.1	2.1 We will ensure that service users are protected against the risk of receiving care and treatment that is unsafe by having an up to date policy for managing falls and by ensuring that guidance provided to staff is effectively used across all services within the Trust.	A revised falls policy has been implemented. Following the May 2014 CQC inspection, a standardised falls assessment tool was implemented. The Trust has appointed a Falls Matron for six months. The Falls Matron is leading work to ensure NICE Compliance across the Trust. The Trust-wide falls group includes representation from across the Trust and continues to oversee this work. This is co-chaired by the Deputy Director of Nursing and Head of Occupational Therapy. Local falls champions have been identified and trained in Trust services.  Though there remains work to do, we have made good progress, and are looking forward to sharing this progress with the CQC during our February 2016 inspection.	<b>ONGOING</b>
		2.2	2.2 We will address challenges of illegal drug use in inpatient services.	The Trust search policy has been developed and approved. Drug dog searches have taken place across inpatient services at Highgate Mental Health Centre and The Huntley Centre. Further searches will continue as part of an ongoing programme.	<b>ONGOING</b>
		2.3	2.3 We will ensure there is a clear protocol in place to manage transfers between wards safely and ensure continuity of care and treatment.	Formal ward transfer sheets were introduced in January 2015 to ensure that when patients are moved between wards there is a comprehensive clinician to clinician handover that includes all relevant patient information. The transfer protocol was formalised and re-issued with a clear mandate that patients should not be transferred between wards for non-clinical reasons and no patient should sleep anywhere other than in a bed. Decisions to transfer patients out of hours must be escalated to the on-call director. The Bed Management Policy has been reviewed, benchmarked against three other Trusts and revised. This was approved by the Quality Committee in March 2015 and re-issued. Ward transfers continue to be monitored by the Bed Management Team and reported through to the Quality Review Group.  The Trust now monitors non-clinical bed moves very closely and has implemented these steps to ensure that these happen only when absolutely necessary. When they are absolutely necessary, these are managed in accordance with the new guidelines.	<b>COMPLETE</b>
		2.4	2.4 The Trust Board has approved a substantial capital bid to fund an extensive ligature reduction programme across all in-patient services.	The Trust has completed ligature works across many in-patient and residential sites, with the full programme due for completion in February 2016. A new ligature risk assessment policy has been launched across the Trust. Completion of ligature risk assessments is monitored monthly at divisional performance meetings.	<b>ONGOING</b>
		2.5	The Trust will continue to deliver changes in line with the Department of Health Positive and Proactive Care agenda.	The Practice Development Nursing team hold regular clinics for staff to support developments in Behavioural Support Plans. All incidents of restrictive interventions are reviewed by the Practice Development Team. Progress is monitored via the Positive and Proactive Care Working Group, chaired by the Deputy Director of Nursing.	<b>ONGOING</b>

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		2.6	The Trust will go beyond the national requirement to follow up all people discharged from hospital on CPA within 7 days, and will follow up everybody discharged (including non-CPA). This is in recognition of the increased suicide risk in the 7 days post-discharge.	<p>Non-CPA follow ups are now monitored at divisional performance meetings monthly. The Information Team and Business and Performance Managers are working together to ensure automated reports are accurate following a change to a new clinical records system. The Trust has implemented a 72hr follow up protocol. All follow ups are now arranged within 72hrs. This allows opportunities for further follow ups within 7 days if someone finds it difficult to engage or does not attend.</p> <p>This is now included in our routine monitoring and has become "business as usual." Ongoing follow up to ensure this happens consistently will be via Divisional Performance Meetings.</p>	COMPLETE
		2.7	The Trust will ensure that staff have the training they need to reduce avoidable harm.	The Care Academy is providing "Keeping Patients Safe" themed training every month available to all clinical staff. The Trust has improved compliance with PMVA training. Ligature risk assessment training is now provided in house via the Care Academy.	ONGOING
	Publish our safety goals and improvement plans on the C&I website	3.1	3.1 The Trust will publish safety information routinely so that all stakeholders can access it.	<p>Patient safety data is presented in the annual Quality Accounts on the Trust website. The Trust has published its thematic review into unexpected deaths on the Trust website. The Trust will publish quarterly updates on the Sign up to Safety work plan. Quality Boards are now displayed in all C&amp;I inpatient services. These will be rolled out across community services in 2016.</p>	COMPLETE
<b>Continually learn.</b> Make our organisation more resilient to risks by acting on the feedback from patients and by constantly measuring and monitoring how safe our services are	Learn from all levels of incident reporting, complaints, feedback and claims	4.1	We will build on the existing, well established systems for sharing the learning from incidents, complaints, feedback andn complaints, including benchmarking against best practice Trusts to continually improve learning	<p>The Trust has implemented Patient Safety Alerts as a method of disseminating safety information quickly to all staff.</p> <p>Serious incident investigations are discussed at ward managers' meetings, and at divisional quality fora.</p> <p>A serious incident review group has been implemented, including all divisional clinical directors. This has strengthened governance arrangements following serious incidents. This group will:</p> <ul style="list-style-type: none"> <li>• have oversight and scrutiny of all G1 and G2 serious untoward incident investigations;</li> <li>• review recommendations arising from all G1 and G2 investigations and to monitor, review and sign off all action plans developed from the recommendations</li> <li>• receive all Prevention of Future Death reports issued by the local Coroner's Office</li> </ul> <p>In consultation with Public Health colleagues and the Trust's two local CCGs, it has been agreed that there will be a third thematic review of unexpected deaths. This will also include a meta analysis of the previous two reviews, looking at organisational structures, service design and system change to assess impact &amp; potential risk. This is underway, and is undertaken in collaboration with key stakeholders.</p> <p>The Trust has undertaken benchmarking on restraint and patient safety incidents. Best practice guidance incorporated into Trust policies and practices</p>	ONGOING
	Use learning lessons workshops to promote meaningful recommendations and make changes following serious incidents	5.1	To include SUIs in ward manager supervision groups to provide mutual support in reflective learning and disseminate learning to staff	The ward managers meeting is now running weekly and SI recommendations and lessons learnt are being discussed once a month. Ward Managers then share this with their teams.	COMPLETE
		5.2	We will hold formal workshops following all Level 2 incident investigations. These workshops will engage clinicians in developing meaningful recommendations for improvements.	Learning lessons workshops are now held consistently following all Level 2 incident investigations.	COMPLETE

Commitment	C&I Pledge		Workstreams supporting this pledge	Progress updates	Progress status
	Implement action plans following incidents of avoidable harm	6.1	All investigations will feature action plans that are monitored for completion.	All action plans are now signed off by divisional clinical directors. Completion is monitored via Risk and Patient Safety Managers, with evidence centrally collated.	COMPLETE
	Continue to develop and circulate internal PSAs in immediate response to patient safety concerns	6.2	To continue to issue patient safety alerts to ensure that key learning is shared quickly and widely across all services	There is an established process in place for Patient Safety Alerts to be issued as required from the Governance and Quality Assurance Team. This helps to share the learning and raise awareness at all levels of service.	COMPLETE
	Follow the AAR process after incidents	6.3	To pilot After Action Review to provide immediate reflection in a no blame way	Clinical risk training plan includes AAR training. Pilot training has been delivered and evaluated and is being rolled out across the Trust. Future actions include identification of AAR leads in clinical teams.	ONGOING
<b>Honesty.</b> Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong	Be open and accountable to patients and their families	7.1	We will make quality information more accessible to our stakeholders	Thematic review reports are now published on the C&I website. Quality Accounts are now available in an easy read accessible version. Quality Boards in inpatient services are now displayed (as of 01 October 2015) showing key quality and safety information.	COMPLETE
		7.2	We will share the learning from serious incidents with service users and communities through the service users Alliance and Patient Council.	This action is ongoing.	ONGOING
	Support staff to be open and honest when something goes wrong	8.1	We will ensure that a robust Whistleblowing Policy is in place and embedded in practice.	Work is underway to monitor learning from whistleblow reports via monthly meetings. The whistleblowing policy is being implemented in all inductions for new staff. The Trust will ensure that all staff have access to safety sessions (including whistleblowing under the Trust Safety Project).	ONGOING
	Continue to offer face to face meetings with patients and relatives to feedback investigation findings	9.1	Face to face meetings will be offered to relatives/carers and service users involved in serious incidents.	This is a requirement of all lead investigators. The Trust has implemented processes to ensure compliance with Duty of Candour across the organisation.	COMPLETE
	Make safety everybody's responsibility	10.1	The Trust will continue to prioritise safety across all of our work with all colleagues, fully embedded throughout our policies and operational procedures.	Every policy has a 'responsibilities' section summarising responsibilities across staff groups.  A Learning Lessons Handbook has been distributed to all services as a reference guide for staff, including all Patient Safety Alerts issued across the organisation.	ONGOING
	Meet responsibilities under DOC & be open and supportive to patients, families and carers	10.2	The Trust will meet its responsibilities under Duty of Candour.	The preliminary review template has been revised to ensure teams are aware of responsibilities under DOC. The Being Open Policy has been revised and relaunched. Compliance is tracked by the Governance and Quality Assurance Team.	ONGOING

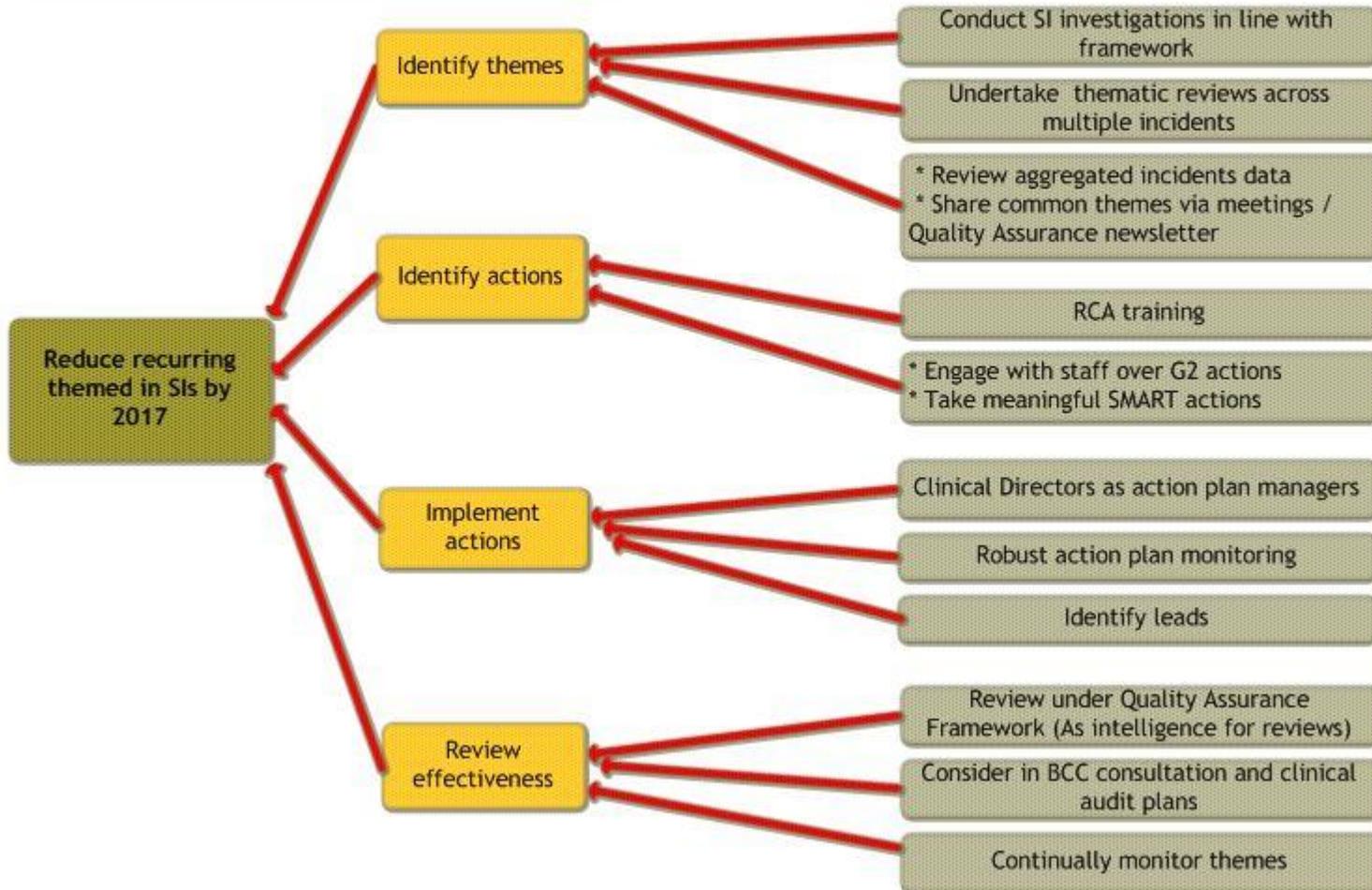
Commitment	C&I Pledge		Workstreams supporting this pledge	Progress updates	Progress status
	following an incident				
<b>Collaborate.</b> Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use	Work in partnership with CCGs, other providers and patient/carer groups on key patient safety initiatives	11.1	To share the learning from serious incidents with all stakeholders To achieve pledges made in Sign Up to Safety and to regularly update all stakeholders on progress.	The second thematic review report is now publicly accessible on the Trust website. The Trust has also begun producing key quality and safety information more accessible by producing the first Easy-Read version of the annual Quality Accounts for the 2014-15 publication.  A February 2016 Sign Up to Safety update has been published.	<b>ONGOING</b>
	Participate in regional and national patient safety collaborative network meetings	11.2	We will continue to participate in regional and national safety initiatives.	The Trust hosted the National Complaints Network meeting in 2015. The Trust is participating in national benchmarking, and joined the Sign up to Safety Campaign.	<b>COMPLETE</b>
<b>Support.</b> Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress	Provide staff members with clinical and management supervision	12.1	Use balanced scorecard programme and regular audits to ensure that staff members have access to regular clinical and management supervision.	This is now included in balanced scorecard audits every quarter.	<b>COMPLETE</b>
		12.2	We will implement ward management supervision including discussion of serious incidents, including mutual support and reflective practice	Ward management supervision groups have now been implemented.	<b>ONGOING</b>
	Hold debrief sessions to support staff following incidents	13.1	We will ensure that a debriefing is held for staff members following incidents affecting them	Debriefing is provided routinely by matrons and other senior managers following significant incidents. An audit is required to ensure that this occurs consistently.	<b>ONGOING</b>
	Make sure that staff involved in incidents are offered management and occupational health support	14.1	We will offer management and occupational health support to all staff affected by incidents.	This is available to all staff. The Trust will now undertake work to provide evidence and assurance that this is routinely available.  The Trust has also launched the "Trauma at Work" pathway for staff.	<b>COMPLETE</b>
	Ensure staff members are well-trained, and that they are able to access development opportunities to ensure they have the right skills to provide good	15.1	The Trust will ensure staff members have access to mandatory training, continuing professional development and opportunities for leadership development.	The Trust has delivered focused training in falls, risk assessment, environmental ligature risk assessment and use of the new electronic patient record system in 2015. New mental health law leads have been appointed and continue to deliver training in the Mental Health Act and Mental Capacity Act across the Trust. The Practice Development Nursing Team continue to deliver focused clinics and sessions for clinical teams to develop skills and nursing practices. The Care Academy has been launched, a joint venture with Middlesex University, to provide ongoing training for nursing and other clinical staff across the Trust.	<b>ONGOING</b>

Commitment	C&I Pledge		Workstreams supporting this pledge	Progress updates	Progress status
	quality care				
	Ensure staff are supported and protected when raising concerns at work	16.1	<p>Ensure all staff have access to the safety sessions which include whistleblowing under the Trust Safety Project.</p> <p>Separately monitor all learning from whistleblowing incidents via monthly meetings between and ensure widespread understanding via the monthly quality group</p> <p>Audit that all teams discuss the Trust's whistleblowing policy at least annually.</p> <p>Include whistleblowing policy in all team induction protocols</p>	Whistleblowing is covered in all Trust induction. A comprehensive whistleblowing policy is in place.	<b>ONGOING</b>

## SIGN UP TO SAFTEY DRIVER DIAGRAM - LEARNING LESSONS

### PLEDGES

### ACTIONS



## SIGN UP TO SAFETY DRIVER DIAGRAM - FALLS MANAGEMENT

### PLEDGES

### ACTIONS

Keep patients safe from falls

Detection

Encourage and increase falls reporting

Monitoring of falls prevention and management included on the Trust Balanced Scorecard and monitored through the Divisional Performance Meeting

Prevention

Implement NICE compliant falls risk assessment

Staff training programme

Introduce falls champions

Mitigation

Employ a short term falls matron to reinforce falls management areas

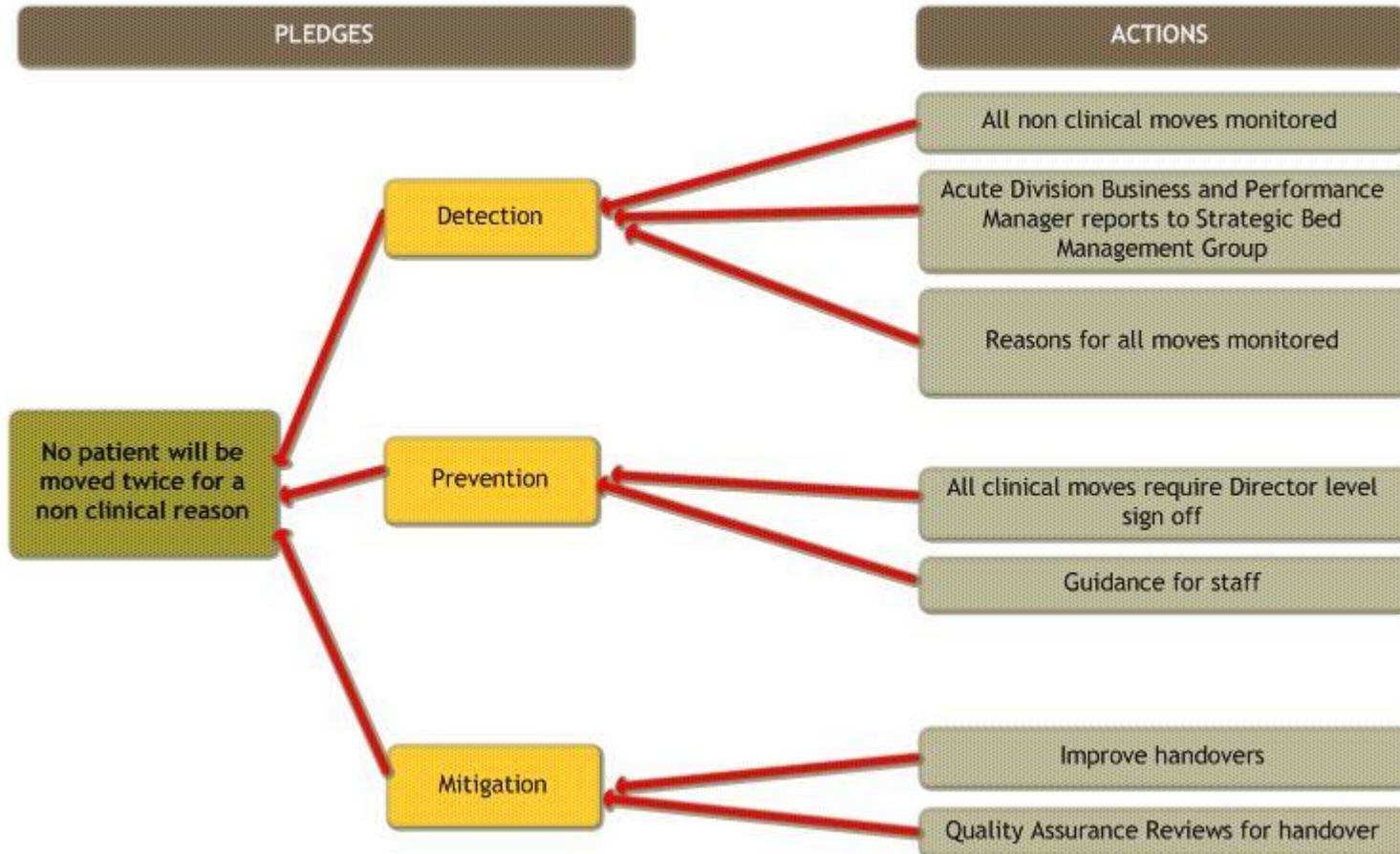
Work with Occupational Therapists

Training and falls champions

## SIGN UP TO SAFETY DRIVER DIAGRAM - WARD TRANSFERS

### PLEDGES

### ACTIONS



**Questions about Sign Up to Safety?**

Contact us at [GovernanceandQuality.Assurance@candi.nhs.uk](mailto:GovernanceandQuality.Assurance@candi.nhs.uk)