

Bluestone Action Plan: Jan 2020 Update

This report is given a RAG status as follows:

Priority

Priority 1: 0-6 months

Priority 2: 6-12 months

Priority 3: Greater than 12 months.

<u>RAG</u>	No of objectives in each area
White - Completed	4
Green – In progress and on track	33
Amber – In progress / outside timeframe	3
Red – Stalled and outside timeframe	1
Blue – Not yet commenced.	9

Theme	Actions	Update	Priority (1, 2, 3)*
1. <u>Culture</u>	1a. Complete the 2 nd group of Caring Cultures and present outcomes.	Complete. Presented to Director MHD and EDN. A 'Better You, Better Care' event was held to celebrate outcomes from the Caring Cultures work in November	Complete

Theme	Actions	Update	Priority (1, 2, 3)*
		2019, and to support and recognise the contribution of nursing staff.	
	1b. Implement senior staff walk-arounds in Bluestone & Dorsy, using the 15 steps methodology.	<p>A number of senior walk-arounds by The Director MHD, EDN, AD for Bluestone & Dorsy and NEDs have taken place, with further scheduled as part of the SMT plan for leadership walks Jan/Feb2020.</p> <p>Methodology is currently being considered by SMT as well as Dr Ivor Crothers (Clinical Director; Psychology) and Jenny Johnston (ADHR).</p>	1
	<p>1c. Action staff engagement and roll out café-style conversations to explore current cultural values and beliefs within the wards. Develop a culture specific Action Plan based on the learning from staff engagement and emerging themes.</p> <p>Gain feedback from Service users and Advocates on their experience of culture on the wards.</p>	<p>This work has been completed and a written report is scheduled for completion February 2020.</p> <p>A workshop to consider how we might develop peer support working across the Trust took place in November 2019 to agree a co-production strategy. A follow up meeting between the Director MHD, Lead Social Worker and PSWs currently employed within the Trust to agree our co-produced approach to this work and the involvement of the MH Forum. Peer support roles in in-patient care will require a significant period of development, induction and support and will not be in</p>	1

Theme	Actions	Update	Priority (1, 2, 3)*
		place until Q4 2020/21.	
	1d. Collation of themes from other sources such as such as Staff survey and 10,000 voices.	Information relating to 10,000 Voices is regularly used by the MH team, and the Trust is also engaged in the regional approach to Care Opinion with Bluestone and Dorsy being included.	1
	1e. Implement agreed action plan with staff informed by the Joy at Work Framework.	This is planned for Q4 2020/21.	3
	1f. Consider how to improve learning from incidents with the aim of developing a learning and transparent culture.	<p>Paper submitted to Director outlining over-arching approach, and approved.</p> <p>The Lead Nurse is facilitating programme of learning for nursing staff using a scenario-based approach when reporting and investigating incidents.</p> <p>The learning from individual incidents is now a standing item on the Unit's Ward Manager meeting as a mechanism to facilitate learning across the Unit.</p> <p>The Acute Mental Health Governance Forum agenda has also been reviewed to incorporate additional elements of patient safety and governance data.</p>	2

Theme	Actions	Update	Priority (1, 2, 3)*
	1g. Embed Forever Event (patient safety collaborative work).	Awaiting patient safety collaborative direction on regional implementation arrangements	3
	1h. Implement Zero Tolerance.	MH are part of the regional TZS collaborative part of which is developing restraint reduction. Learning from colleagues in MerseyCare NHS Trust is also being considered and will act as part of that process.	3
2. <u>Quality Improvement</u>	2a. Reducing Restrictive Practice	<p>SHSCT are playing an active role in the regional zero suicide programme. As part of this work there has been a sub-group looking at reducing restrictive practice in particular around restraint reduction and reducing the use of seclusion.</p> <p>Considerable work has been undertaken using audit tools to review the use of seclusion in both Rosebrook (PICU) and Dorsy. The findings of the audit are being shared through the Acute MH Governance Forum. The following key headlines for Rosebrook are noteworthy:</p> <ul style="list-style-type: none"> • 100% of periods of seclusion were included (n=31) • There has been a significant reduction in the average time spent in seclusion from 48hrs to 13.5hrs since the last audit in 2018 • The policy & procedure concerning the use of 	1

Theme	Actions	Update	Priority (1, 2, 3)*
		<p>seclusion is being updated accordingly</p> <ul style="list-style-type: none"> A new electronic recording form is being piloted for use on Datix. <p>The seclusion audit for Dorsy will be available February 2020.</p>	
	2b. Implement the Patient Safety Thermometer.	<p>NHS Thermometer Steering Group and Users Group are now established.</p> <p>Data is now being presented monthly (attached), noting that consistency in data collection has been a focus for the first number of months. We are currently in discussions with IT regarding the use of the associated app for use by ward teams.</p>	1
	<p>2c. Progress QI accreditation schemes:</p> <ul style="list-style-type: none"> Working age wards ECT Accreditation scheme NAPICU QNLD. 	<p>Work is ongoing with all of the listed accreditation schemes, with QNLD at the most advanced stage. The first Peer Review visit to Dorsy is scheduled by the Royal College of Psychiatrists on 26.02.2020.</p>	1

Theme	Actions	Update	Priority (1, 2, 3)*
	2d. Review the high use of special observations and implement new ways of working.	Lead identified for this work-stream. Merseycare approach to the recording of observations and patient involvement in this intervention is being considered.	1
	2e. Provision of a programme of purposeful activities for patients across 7/7.	<p>The Trust H&WB teams physical activity sessions for staff have been offered.</p> <p>An external provider was sourced to deliver physical activity sessions for staff and patients within the Unit. These 3 sessions were very positively evaluated. Unfortunately the provider unexpectedly closed the business, and we are in the process of sourcing another provider.</p> <p>An IPT for the Bluestone and Dorsy workforce is in development which incorporates MDT interventions across 7/7.</p>	1
	2f. Implement hot debriefs.	A template to facilitate hot debriefs has been developed. This will be aligned with the corporate template. Template was presented and adopted in principle presented at December's Acute MH Governance meeting.	2
	2g. Improve food choices for patients, to include	The Unit dietician has recently increased hours of work	2

Theme	Actions	Update	Priority (1, 2, 3)*
	more healthy options.	and this action forms part of the work plan.	
	2h. Align audit with QI	An Audit Plan for Bluestone & Dorsy will be developed for 20/21 through the MH and Dorsy Governance fora. Decisions regarding QI programmes will be made based on data from audit.	2
3. <u>Workforce</u>	3a. Review the Peer Support Worker role and support structures.	See above re PSWs.	1
	3b. Implement Delivering Care (Phase 5a).	This has not been commissioned, however the Trust has continued to attempt to staff Bluestone in accordance with Phase 5a for nursing. This has resulted in a significant overspend on the nursing line in the Bluestone budget report.	1
	3c. Develop and agree a Recruitment Plan for the Unit, including attracting more male staff.	An RN recruitment day was held in the Unit Autumn 2019 and as most applications were pre-registration they will enter the workforce October 2020. A recruitment day for Band 3 Nursing Assistants is scheduled for March 2020. The IPT in development details the workforce required to for a modern acute MH & LD in-patient service that will	1

Theme	Actions	Update	Priority (1, 2, 3)*
		meet the recommendations of the RCP invited review report.	
	3d. Consider a Band 4 nursing role.	In progress.	1
	3e. Develop and implement retention strategies.	<p>This work aligns with the Trust Nursing & Midwifery Workforce Action Plan.</p> <p>However, it is important to note that the nurse training places are not sufficient and there remains significant gap between demand and capacity. This will result in a continuing challenge to staff the Unit appropriately without the use of bank and agency staffing solutions.</p>	1
	<p>3f. Ensure every member of staff is offered an exit interview, and ensure this information is collated and considered.</p> <p>Develop a career pathway for nursing.</p>	<p>From May 2019 all staff who has left the Unit have had an exit interview. This will be aligned with the new process as part of the Nursing and Midwifery Workforce Action Plan. Data gathered will be used to inform recruitment and retention strategies.</p> <p>One common theme to date is the lack of career progression for nursing staff within the Unit. Opportunities for career progression feature within the IPT.</p> <p>A total of 5 WTE Band 5 roles per ward have been</p>	1

Theme	Actions	Update	Priority (1, 2, 3)*
		converted to Band 6 roles (n=30). There remain 5 posts unfilled and recruitment is underway.	
	3g. Agree a data set to inform workforce planning & utilisation.	This work forms part of the Trust Nursing & Midwifery Workforce Action Plan.	1
	<p>3h. Review development programmes available and assess for gaps in provision.</p> <p>Ensure fair & equitable access to evidence-based training.</p> <p>Consider a PQ year - moving from B5 to B6.</p> <p>Develop a competency framework for nursing across the Unit.</p> <p>Consider the development of senior clinical nursing roles eg. Advanced Nurse Practitioners.</p>	<p>Access to training is now through Ward Managers and senior staff and is monitored via the newly introduced Health Roster system.</p> <p>Gaps in training available have been identified and providers are being sourced.</p> <p>The development of senior clinical roles is as reported above and competency frameworks will be developed to support.</p>	2
4. <u>Technology &</u>	4a. Pilot the use of Bodycams.	A paper has been developed following discussions with staff as well as an audit regarding the use of this	1

Theme	Actions	Update	Priority (1, 2, 3)*
<u>Infrastructure</u>		technology. We are currently seeking agreement from IG colleagues re implementation of this technology which will include consultation for a pilot project. There is significant interest in this from colleagues DoH as we would be the first Unit to use body worn cameras.	
	4b. Consider the implementation of a dedicated response team (security).		3
	4c. Upgrade the CCTV system.	Work to install additional cameras to increase coverage is commencing imminently. The costs associated to improve the quality of the system are significant and require further discussion.	3
5. <u>Bluestone Management Team</u>	5a. Implement senior management on-call arrangements, bleep arrangements and finalise the Escalation Process.	Complete.	Complete
	5b. Increase administration support to Ward Sisters.	Recruitment in progress.	1
	5c. Implement Health Roster.	Went live December 2019.	Complete

Theme	Actions	Update	Priority (1, 2, 3)*
	5d. Complete IPT for the MDT workforce.	Nearing completion.	1
	5e. Consider a Trust commissioned OU PRNP (MH&LD) PRNP.	Paper in development.	1
	5f. Develop an MDT structure across the Unit.	Full MDT structure reflected in IPT.	1
	5g. Safeguarding - Review processes and roles involved in decision-making.	Recognising the concerns raised by staff regarding the out workings of safeguarding processes, new oversight and assurance arrangements in place – 4 weekly reviews with management, HR, DAPOs. This is also now a standing, confidential section on Ward Sister weekly meetings. This approach seeks to take on board lessons from Merseycare No Blame culture.	1
	5h. Consider extending the opening hours of the coffee shop to include weekends.	Complete. Anecdotal feedback from and visitors are that this is very welcome.	Complete
	5i. Appoint a Lead Nurse for LD.	This role features in the IPT.	2
	5j. Increase Social Work support to Dorsy to	This is included within the IPT.	2

Theme	Actions	Update	Priority (1, 2, 3)*
	speed up discharges.		
	5k. Implement Time Out for Teams.	Series of team away days for all wards nearing completion.	2
	5l. Co-produce a policy regarding the use of mobile phones to protect patients and staff.	Will commence Q3 2020/21.	3
	5m. Identify a quiet space for staff reflection after incidents.	Cabin similar to 'Cameradoes' unit in CAH is being explored.	3
	5n. Consideration of either how to improve the current environment or identify a more appropriate environment for the client group (Dorsy).	In order to facilitate greater access to outdoor space, some estates work has been identified and will take place Spring 2020.	3
6. <u>ALL</u>	6a. Improve communication and feedback to staff following decisions or conclusion of work or projects eg. sharing of findings from whistle-blowing, safeguarding, complaints, investigations, staffing, discharges.	<p>Introduction of formalised Sisters meetings with specific rolling focus on key issues.</p> <p>Leadership walk-arounds – scheduled and unscheduled – taking place by managers within the Unit and senior staff from across the Trust..</p> <p>MDT managerial supervision has been implemented.</p> <p>A Collective MDT Leadership Team for Bluestone has been</p>	1

Theme	Actions	Update	Priority (1, 2, 3)*
		established. Risk and governance arrangements have been strengthened.	
7. <u>MH Division & HR</u>	7a. Implement support structures for the newly appointed Band 6's.	Action learning set dates agreed and resources developed to support staff.	1
8. <u>EDN</u>	8a. Develop and implement a staff transfer policy.		3
9. <u>MH Division</u>	9a. Implement TZS.	Please see above.	3
	9b. Consider current service models for psychiatry of age, and if any changes then consider reorganisation of management structures.	Under active consideration awaiting recruitment of additional Consultant staff for memory services.	2
10. <u>MH&LD Divisions</u>	10a. Dorsy to transition to LD Division, given co-location with MH in-patients.	Under consideration.	3