

Our Ref: [REDACTED]
Your Ref: [REDACTED]

28 July 2016

Mrs R C Griffin
HM Assistant Coroner
Greater Manchester West
HM Coroner's Court
Paderborn House
Civic Centre
Howell Croft North
Bolton
BL1 1JW

[REDACTED]
Chief Nurse & Executive Director of Operational
Clinical Services
5 Boroughs Partnership NHS Foundation Trust
Hollins Park House
Hollins Lane
Warrington
WA2 8WA

RECEIVED
02 AUG 2016

Tel: [REDACTED]

Email: [REDACTED]

Dear Mrs Griffin,

Re: Clarice Beverley Hilton - Deceased

Thank you for your letter dated 2 June 2016 with regards to your findings into the death of Clarice Beverley Hilton and the directions given under the Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. I would like to advise you of the actions the Trust has taken both prior to the inquest and since receiving your letter.

In response to your concern that there is no policy or guidance within our psychiatric units to inform staff of what actions to take when a patient is refusing to allow observations to establish the condition of their physical health, I can confirm the Trust have completed the following:

We have implemented a full review of the Modified Early Warning Scores (MEWS) operational guidance that all in-patient teams work within. This review was led by the Trust Nurse Consultant for Physical Health and was supported by the Trust MEWS working group and Resuscitation Officer. This group had met prior to the inquest to make recommendations on actions staff should take when physical observations are refused and has met regularly since we received your concerns.

We have changed our MEWS guidance to contain instruction for staff on assessing those who refuse to engage with MEWS monitoring.

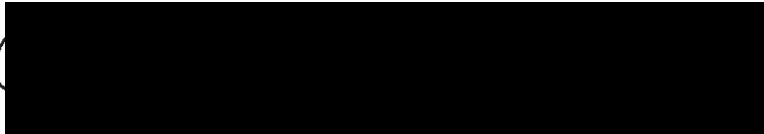
Revised guidance now includes conducting a general assessment using the A (airway) B (breathing) C (circulation) D (disability) E (exposure) approach taught to all front line clinical staff as a part of all Basic and Intermediate life support courses. The revised guidance also contains specific assessment of respirations and level of consciousness using AVPU (Alert, Voice, Pain, and Unresponsive) and skin pallor which are observational that can be completed through direct visual observation. There is also a more specific instruction regarding escalation to the nurse in charge and doctor when the patient is refusing MEWS.

We have reviewed the MEWS recording chart so that these can be recorded.

At present our revised guidance is in draft form, once this guidance is ratified this will be issued to all of our In-patient Teams and we will provide support and training to front line staff where necessary to ensure successful roll out.

If I can be of any further assistance or you require further information about the steps we have taken, please do not hesitate to contact me.

Yours sincerely,



Chief Nurse & Executive Director of Operation Clinical Services