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North Middlesex University Hospital NHS

NHS Trust

Chief Executive Office
Trust Headquarters
Sterling Way
London N18 1QX

161205/Persaud-Knox Hooke/EM/dem

5 December 2016

Ms Nadia Persaud
Senior Coroner
Walthamstow Coroner's Court
Queens Road
London E17 8QP

Dear Ms Persaud

Inquest Touching Upon the Death of Joshua Knox-Hooke, Regulation 28 Report

Please accept my apologies for the delay in providing you with the Trust's response to your Regulation 28 Report following your Inquest touching upon the death of Joshua Knox-Hooke.

Following receipt of the prevention of future deaths report from HM Coroner, the Trust has put in place an action plan to improve the safety of mental health patients in the Emergency Department. A copy of this action plan is enclosed.

In summary, Mr Knox-Hooke was able to leave the Emergency Department whilst he awaited psychiatric assessment at a time when he was not being observed. The Trust does not provide mental health services and these services are provided on site, in the Emergency Department, by Barnet, Enfield & Haringey Mental Health Trust. In order to reduce the risk of high risk mental health patients leaving the department before they are assessed, the Trust has implemented action to reduce the waiting time for assessment for these patients. The Trust has also implemented a Mental Health Triage Form (MHTF) and prioritisation tool, a copy of which is enclosed. This tool has improved the identification of mental health risk factors at triage and enables high risk patient to be systematically identified so that their mental health assessment is prioritised. Prior to the introduction of the MHTF, the standard was that all mental health patients, regardless of risk, were to be assessed within an hour. Following the introduction of the mental health triage form, all high risk patients are now prioritised for assessment by the mental health team.

The training and support for front line clinical staff in the use of the MHTF has been led by the ED Matron. She is using Mr Knox-Hooke's death in the training programme as a case study to reinforce the importance of the MHTF and timely assessment of high risk patients to illustrate the risks and potential consequences of failing to identify high risk patients who are subsequently able to leave the ED without having been properly assessed.

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Chair John Carrier Chief Executive Elizabeth McManus

Patients who are deemed to be high risk are admitted to the mental health room and are allocated a 1:1 nurse and security officer to observe the patient awaiting assessment. A video feed of the mental health room is also transmitted to the nurses' station in area 1 (Majors) in the ED. The ED Matron is currently developing a standard operating procedure so that when patients want to leave the department, prior to assessment, and cannot be deterred or dissuaded from leaving, this is escalated to the nurse in charge and the Police immediately informed.

The Trust notes that you explicitly identified the fact that the triage nurse caring for Mr Knox-Hooke in ED was unaware of the nurses holding power under section 5.4 of the Mental Health Act, as a matter of concern. The Trust also notes, however, that the holding power afforded by the Mental Health Act is only to be exercised by a registered mental health nurse who has had appropriate training. The Trust is not a provider of mental health services and this service is provided on site by Barnet, Enfield & Haringey Mental Health Trust. Therefore North Middlesex University Hospital NHS Trust does not employ registered mental health nurses with the authority to detain patients under section 5.4 of the mental health act. The Trust is confident that the actions outlined above, specifically the introduction of the MHTF, will ensure high risk mental health patients are appropriately identified and assessed in a timely manner so as to reduce the risk of such patients absconding prior to assessment in future. However, the Trust has also explored whether Barnet, Enfield & Haringey Mental Health Trust are able to provide a registered mental health nurse, capable of exercising the holding powers afforded by section 5.4 of the mental health act, at short notice at times when it is not possible for a patient identified as being high risk of being appropriately assessed within the specified time. In instances where BEH MHT cannot provide sufficient RMN support to the ED, the ED attempts to book agency RMN staff at short notice.

Finally the Trust notes your criticism that the Trust did not consider the patient's death to be a Serious Incident and did not undertake a Serious Incident Investigation. The Trust was disappointed with this criticism as North Middlesex Hospital was not informed by Barnet, Enfield & Haringey Mental Health Trust that this patient had been found dead, nor was North Middlesex University Hospital NHS Trust invited to participate in the BEH MHT serious incident investigation as it would expect to be given the circumstances. As a result, our Medical Director has discussed this with the Medical Director at BEH MHT so that future serious incident investigations undertaken by BEH MHT that involve aspects of care provided by North Middlesex Hospital undergo a joint investigation in line with the expectations set out in NHS England's Serious Incidents Requiring Investigation Framework. A new incident management pathway has subsequently been agreed with the BEH MHT clinical lead for North Middlesex Hospital. The Trust has subsequently undertaken its own Serious Incident investigation into Mr Knox-Hooke's death by reviewing the original Serious Incident investigation undertaken by Barnet, Enfield & Haringey Mental Health Trust and ensuring it captures learning for North Middlesex Hospital.

If you require any further information in respect to the Trust's ongoing response to the prevention of future deaths report received in relation to the inquest into Mr Knox-Hooke's death, please do not hesitate to contact me.

Yours sincerely

Elizabeth McManus
Chief Executive

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