

PRIVATE & CONFIDENTIAL
Ms Nadia Persaud
Senior Coroner
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24 January 2017

Dear Ms Persaud,

Re: Inquest touching upon the death of Mr Peter Usher

Response to Regulation 28 report

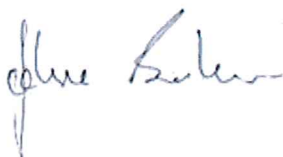
I refer to a Regulation 28 report dated 2nd December 2016.

The Trust is committed to continuously review its service for the purposes of improving quality of care and patient safety and I am grateful for bringing these issues to my attention.

The Trust has given and continues to give the most serious consideration to the concerns regarding the care provided to Mr Usher, which were highlighted in the Regulation 28 report.

Please find enclosed the Trust's action plan to address the issues identified in Regulation 28 report.

Yours sincerely,



John Brouder
Chief Executive

**Action plan to address the concerns identified at the Regulation 28 report
following the Inquest touching upon the death of Mr Peter Usher**

No of concern in reg. 28 report	Action	Action owner	Deadline for completion
All	<p>To send out a 'Freedom of Information' (FOI) request to other mental health trusts in the Greater London area, to establish how other trusts are handling the pressures associated with the requirements set out in:</p> <ol style="list-style-type: none"> 1. S136 MHA (VP and RK) 2. Par 16.46 of MHA Code of Conduct (VP and RK) 3. Par 14.71 of MHA Code of Conduct (VP and RK) <p>The findings of the FOI request will then be considered during the review and update of the Trust's policies and procedures in relation to s136 assessments.</p>	RK/VP	15.02.2017
1, 2, 3, 4	<p>With emphasis on the requirement to comply with:</p> <ul style="list-style-type: none"> • Par 14.71 MHA Code of Practice that all available, relevant clinical information, including that in the possession of others, professional and non-professional" (e.g. obtained from the family, GP, police, paramedics etc as reasonably practicable); • S136 of the MHA 1983 that the patient should be examined by a registered medical practitioner and interviewed by an approved mental health professional; and • Par 16.46 of the MHA, Code of Practice, that the doctors examining patients should wherever possible, be approved under section 12 of the Act; and where the examination has to be conducted by a doctor who is not approved under section 12, the doctor concerned should record the reasons for that. 	RK/VP	31.03.2017

	<ul style="list-style-type: none"> The GMC and the NMC requirement to keep comprehensive and contemporaneous records to evidence compliance with the above listed requirements. <p>Taking into consideration the information received from the FOI request (as mentioned above) to review and update:</p> <ol style="list-style-type: none"> S136 questionnaire upon arrival of the patient at the s136 suite (which the staff have to complete) (RK) S136 handover form (also known as 434 form) (which the Police should complete) (RK) S136 policy (RK) S136 guidance (VP) Weekly s136 internal audit tool development (RK) 		
5	<p>NELFT is currently in the process of reviewing the workload of the Goodmayes on call doctors. We aim to implement changes by beginning of February. An audit on junior doctor on call workload will be undertaken at the beginning of March 2017 to see if the changes have had an impact on their workload, and what other measures can be put in place to reduce the pressure associated with the workload, when completing s136 assessments.</p> <p>In February 2017 new junior doctor contracts are coming into force. As part of the new contract, junior doctors will be able to raise exception reports if they have concerns regarding their workload.</p> <p>The exception report will be subjected to a formal review process. The Guardian of Safe working will be involved to ensure safe working practices.(VP)</p>	VP	28.04.2017
6 and 7	To introduce and carry out a random regular clinical decision making audit for s136 suite, to monitor the quality of the overall assessments as well as the risk assessments. (RD)	RD	28.04.2017
6	<p>To address the lack of insight and potential lack of ability to reflect on practice, the relevant doctor has been asked to self- refer to the GMC.</p> <p>In addition to this the doctor was asked to undertake a formal '360 degree' feedback from the colleagues and the patients in order to appropriately reflect</p>	VP	30.06.2017

	upon his practice and professionalism. (VP)		
6	<p>To address the concern that the RCA investigation did not identify the issues regarding medical input:</p> <ol style="list-style-type: none"> 1. a reflective session will be arranged between Investigating Officers and the Associate Medical Directors to raise and discuss the gaps in this investigation and awareness of barriers to raise concerns re practice of medical staff; (BM) 2. board workshop regarding the SI investigations and the Coroner's Inquests will be held and one of the agenda items will be to discuss the importance of the SI investigation to appropriately identify and raise the issues in care delivery for the purposes of learning from serious incidents;(BM and GG) 3. a possibility will be explored to invite the Senior Coroner to attend the Trust and deliver a presentation to the Directors who are signing off the reports and the Serious Incident investigators as well as other personnel such as modern matrons on the impact and importance of the thorough and fearless Serious Incident investigation from the perspective of the Jurisdiction of the Coroner's Inquests. (GG) 	BM/ VP/GG	28.04.2017
8	<p>To review and update the s136 guidance and the s136 policy to ensure that the staff are:</p> <ol style="list-style-type: none"> 1. encouraged to utilise the legal time limit to the full extent, for detention of patients in cases, where there is lack of collateral information available at the time of the assessment and more time is needed to ensure that all sources of information are exhausted to meet the requirement set out in 14.71 MHA Code of Practice; (RK and VP) 2. not placed under undue pressure to carry out assessments without gathering all of the available relevant evidence. (RK and VP) 	RK/VP	31.03.2017
9	To create a generic and secure nhs.net account for s136 suite, which would be monitored and used by the bleep holders to receive the collateral	OJ/VP/ RK	31.03.2017

<p>confidential information about the patients from other sources in order to comply with the requirement set out in the paragraph 14.71 MHA Code of Practice.(OJ)</p>		
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<p>To review and update the s 136 guidance and the s136 policy to ensure that the staff should be encouraged to use the secure email as a preferred means of communication for the purposes of requesting and receiving the collateral information. (RK and VP)</p>		
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