

6 March 2017

Coroner ME Hassell
Senior Coroner
Inner North London
St Pancras Coroner's Court
Camley Street
London N1C 4PP

Confidential

Dear Senior Coroner Hassell

Re: Emily Voukelatou

I write further to your report of 11 January 2017 in which you highlighted concerns about the care provided to Ms Voukelatou.

You have recorded two matters of concern. I will deal with each in turn.

1. Our communication with Ms Voukelatou's family

You heard evidence from the consultant psychiatrist responsible for Ms Voukelatou's care that it is not routine practice for the crisis team to involve family members in a patient's care. You have asked whether this policy would benefit from reconsideration to ensure that potentially helpful input from family members is not lost. You have also questioned whether arrangements might have been made for a telephone meeting with Ms Voukelatou's family in Greece.

The first point I would like to make is that we are in complete agreement with you that family input can be extremely important and beneficial for both the patient, and for the clinicians involved. We fully accept that this was not the message which was conveyed during the inquest. Therefore we would like to assure you that family involvement is routinely assessed in partnership with our patients throughout the

care pathway, including during an admission to a Crisis House. Our assessment reflects both the family's role and involvement in the patient's care, and the patient's wishes and consent for us to contact their family. Indeed, full involvement of family members and carers has been an integral part of several quality improvement projects that have been led by the Consultant Psychiatrist responsible for Ms Voukelatou's care.

We have also reinforced the importance of working with families in our updated, risk assessment training which has been rolled out over the last 12 months. I have enclosed our updated risk assessment training for your information. Our risk assessment training is mandatory for all clinical staff. Our updated training has been implemented throughout the last year. It is run on a monthly basis, in partnership with Middlesex University. To date nearly 500 members of staff have been trained.

Turning to Ms Voukelatou's case, we would like to clarify that staff did give consideration to contacting her family. We appreciate that this was not articulated at the inquest and we would like to take this opportunity to set out our rationale for not making contact with family members.

First, staff took into account the fact that Ms Voukelatou was herself in regular contact with her family, and that she discussed with staff her good relationship with her mother and sister in particular. It is documented in Ms Voukelatou's records that she informed staff on 18 June 2016 that she was in skype contact with her mother and her sister, and that on 23 and 26 June she discussed with staff separate conversations she had had with her mother and her sister. She also informed staff on 25 June that she had had skype contact with her father, and on 27 June she discussed her phone contact with her father. Staff were therefore satisfied that Ms Voukelatou was in regular contact with her family, they knew where she was, and they were having regular conversations during her time at the Crisis House.

The other factors which staff took into account were that she had informed staff that there was no need to contact her family and that her sister and mother did not speak english. Although it has become apparent that Ms Voukelatou's sister does speak good english, Ms Voukelatou's assertion indicated to staff that she did not want them to contact her family. Of course, there may be instances when staff would contact family without a patient's consent, for example, if the patient is assessed as being at imminent risk of self-harm. However, as was explored at the inquest, while Ms Voukelatou had reported an attempt to strangle herself and this was of significant concern to staff, she was not assessed to be at risk of imminent risk of self-harm. Rather her behaviour was assessed to be part of a long standing and known pattern of behaviour.

In summary, contact with Ms Voukelatou's family was considered. However staff decided that it was not appropriate for the reasons set out above. It is clear that we did not convey this clearly during the inquest hearing. Please accept our unreserved apologies for this. I hope that the information above clarifies our rationale with regards our lack of contact with Ms Voukelatou's family and provides you with reassurance that it was not the case that communication with family members was not considered. I also hope I have been able to provide you with reassurance that as an organisation we believe very strongly in involving a patient's family wherever appropriate, and that this is reflected and reinforced in our training to staff.

2. Ms Voukelatou's attempts to make contact with the Crisis House

You have raised your concern that Ms Voukelatou's sister [REDACTED] telephoned the Crisis House before and after Ms Voukelatou's death and that her calls were not passed onto the right people.

We agree that leaving relatives' calls unanswered is unacceptable. As you have said, not only can potentially valuable information be lost, it is discourteous and it can create significant additional anxiety.

As you refer in your report, staff at the crisis house were unaware that Ms Voukelatou's sister had been trying to make contact with them. It would of course be a core expectation of crisis house staff to telephone back any individual trying to make contact with one of their patients, and they were very disappointed to learn that the family had been unable to make contact. As soon as [REDACTED] community matron, became aware of the problems which [REDACTED] had experienced, he telephoned and emailed her to discuss this, and they agreed that we should investigate her concerns formally through our complaints procedure.

As part of our investigation into [REDACTED] concerns, we established that she had been telephoning our switchboard. [REDACTED] discussed what had happened with our switchboard supervisor who made enquiries with the relevant staff. They could not recollect [REDACTED] calls. However, it was confirmed that the staff were aware of North Camden Crisis House and they had the correct contact number for the Crisis House. We conveyed this information to [REDACTED] in our formal complaints response together with our unreserved apology and acknowledgment that she had raised a valid concern. [REDACTED] also met with [REDACTED] and her mother in November, and this issue was discussed again.

[REDACTED], Head of Facilities, has confirmed that switchboard staff have the number for all crisis houses, including North Camden Crisis House, and that staff would transfer an individual's call to the crisis house, and also give them the direct

number so that they can contact the crisis house directly. She has explained that we have long standing staff at our switchboard with many years of experience and that North Camden Crisis House is well known and has not changed name or relocated.

In light of the information set out above we have unfortunately been unable to get to the bottom of what happened when [REDACTED] tried to contact the Crisis House, and why her calls were not connected. From our enquiries with the switchboard supervisor, and [REDACTED] however, we are satisfied that switchboard staff have the correct number for the crisis house. Nevertheless, given the significance of this issue, we have issued staff at North Camden Crisis House with clear guidance to ensure that numbers and contact details are clearly provided to families participating in a services user's care so they are able to speak directly to a senior staff member.

Please accept my apologies once again for our lack of clarity during the inquest hearing about our decision making with regards communicating with Ms Voukelatou's family. I hope that my letter has provided you with a comprehensive explanation in his regard. I also hope that it has provided you with reassurance about the weight we place on contacting a patient's family where appropriate, and the efforts we have made to assure ourselves that individuals are able to contact our services through the switchboard.

Yours sincerely



Angela McNab
Chief Executive