

23 August 2017

**For the attention of:**

Selena Lynch  
HM Senior Coroner  
South London Coroner's Service  
2<sup>nd</sup> Floor  
Davis House  
Robert Street  
Croydon CR0 1QQ

Dear Madam

**Response to Regulation 28 report to Prevent Future Deaths: Inquest touching the death of Olaseni Lewis**

We write further to the above report dated 28 June 2017 and detail the Trust's formal response below. We note that you have raised concerns about the level of training or understanding about the respective roles and responsibilities of Trust staff and police officers and that there was (and still is) no Memorandum of Understanding between us and the Metropolitan Police. In addition, you raised concerns that the Trust had a policy for closing wards or placing them in special measures when training levels fell below a given level, but that this was not followed, and there was a lack of clarity around who was responsible for assessing compliance with training requirements.

We will deal with each of these concerns below.

**Issue One:**

**There was no training or understanding about the respective roles and responsibilities of healthcare staff and police officers. There was (and still is) no Memorandum of Understanding.**

Following the death of Olaseni Lewis, the Trust and police have worked very closely together to develop formal working protocols when the police are called. This is currently called Operation Metallah and was described in my witness statement for the inquest dated 1 February 2017. Any emergency call received by the Central Control Centre ('CCC') originating from the Bethlem Royal Hospital, Maudsley Hospital, or Lambeth Hospital sites is

cascaded to the relevant borough operations team (known as 'Grip' and 'Pace') whose responsibility it is to prioritise all calls.

The borough duty police officer (at the relevant borough operations team) is immediately informed that an emergency call has been made from the hospital site. The duty officer will then immediately contact the Duty Senior Nurse ('DSN') for the site in question via a dedicated number to gain detailed and current information on the situation. It is at this point those staff concerned will be able to give an accurate description of the incident that has taken place.

This process does not lead to any delay in the emergency response. A police unit will be immediately deployed to the hospital site and proceed to the designated rendezvous points on the site to await further instruction; these are signposted with 'RVP' lettering. They are placed as follows:

Maudsley Hospital — at the main hospital entrance;

Bethlem Royal Hospital — in front of the Alexandra House building near the main entrance of the hospital;

Lambeth Hospital — at the entrance to Oak House.

The DSN has the responsibility to deploy a member of the team to the relevant RVP to meet the police unit and take them directly to the area they are required to attend.

It is recognised that, on occasion, a 999 call to the police may be made without the DSN (or equivalent) being made aware of the necessity for immediate police assistance. The DSN can explain during subsequent conversation with the Duty Police Officer that they have not been informed but will urgently gather further information from the ward staff to aid decision-making.

The benefits of Operation Metallah have been that it has promoted many aspects of good partnership working between the Trust and the police that are fundamental to continually improving working relationships between our main hospital sites and the police.

For example, the implementation of Operation Metallah at Bethlem Royal Hospital has demonstrated that the system encourages:

- Improved safety for service users, Trust staff, and the police;
- Dynamic and accurate information sharing between the Trust and the police;
- Intelligent partnership working between the Trust and the police;
- Jointly planned interventions;
- Shared language between the Trust and the police;
- Improved cross-organisational communication in an emergency situation;
- Safe and legal handover of care between the two organisations;
- Establishing effective professional relationships between members of the Trust and the police.

Training has been implemented across the Trust which teaches staff about the protocols of Operation Metallah. In addition, a training DVD called "Safety in Mind" has been and is being shown to staff. The film aims to demonstrate successful ways of working together, the roles, relationships and expectations staff should have when working in a multi-agency mental health emergency. Staff have also been and are continuing to be trained in their respective roles and responsibilities relating to police assistance at one of the Trust's hospital sites as a matter of routine.

Local police liaison meetings, chaired by local clinical service managers with local police representation present, occur every 2 months. In these meetings any local interface issues are discussed and all Operation Metallah incidents for that specific borough are reviewed. In addition, there is a Trust-wide police liaison meeting which is chaired by one of our service directors which brings the four borough representatives from both the police and the Trust together to discuss issues that cut across the four boroughs. Monitoring of all Operation Metallah incidents and relevant trends takes place at this meeting and they also undertake thematic reviews of section 136 use. This meeting occurs every three months.

There is also a quarterly meeting with borough commanders which is chaired by our Chief Operating Officer where any significant issues are raised. The Memorandum of Understanding will be formally discussed and signed off at the next quarterly meeting on 5 September 2017, as issues have been clarified between the two organisations in the intervening period since the release of the draft document for comment in the early part of this year.

#### **Issue Two:**

**The jury concluded that medical staff requested police assistance due to a lack of trained and physically able medical staff. The Trust had a policy for closing wards or placing them in special measures when training levels fell below a given level, but this was not followed and there was a lack of clarity around who was responsible for assessing compliance.**

Every member of a clinical team is allocated to a level of Promoting Safer and Therapeutic Services ('PSTS') training appropriate to their role. This allocation then forms part of their training requirements and is captured within our education and training database ('LEAP'). The LEAP system and the training delivery is the responsibility of the Trust's Education and Training Department.

On a monthly basis, the training level compliance for each clinical team is audited and is reported via the Trust's internal service performance dashboard and is monitored by the Chief Operating Officer. Where training requirement targets for a particular clinical team are not compliant with the required level, the relevant service director and clinical director are given an improvement target (i.e. to bring the clinical team up to the required compliance level) and a time limit to achieve this. If improvement is not achieved within this time limit then the matter is upgraded to formal performance management.

Through ward managers, directorate and Clinical Academic Group Leads and the Trust's Education and Training Department, the Trust is closely monitoring whether any of its staff members are unable to take part in any level of PSTS training either temporarily or in the long term. The Trust seeks to ensure that its services always have the minimum number of staff available to provide safe and therapeutic care to its patients which includes the ability of staff members to use PSTS physical interventions in the correct manner. The Trust has redeployed staff to other work areas on the basis that they are unable to perform PSTS physical interventions.

I enclose a copy of Appendix 2 of the Trust's up-to-date Mandatory Training Policy entitled '*Escalation procedure for mandatory training levels. Escalation and action procedure should Tier 1 training levels fall below agreed standards, to be enacted by Directorate E&T committee or Directorate Performance management*'. It can be seen from this that it remains open to the Trust to place a service on special measures in relation to mandatory training levels and the decision to take this step rests in the hands of the relevant directorate and Clinical Academic Group Leads.

In addition, the Trust has appointed a dedicated lead for the nurses who are deployed in an emergency as the DSN or members of the Response Team. The lead is ensuring that our responding teams consistently have the right training and experience to perform this important duty.

The Trust remains committed to improving patient care and quality and learning from tragic incidents such as Mr Lewis' death.

Please do not hesitate to contact me should you require any clarification or further information.

Yours sincerely

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**Medical Director and Consultant Psychiatrist**

**Appendix 2: Escalation procedure for mandatory training levels.**  
**Escalation and action procedure should Tier 1 training levels fall below**  
**agreed standards, to be enacted by Directorate E&T committee or**  
**Directorate Performance management**

