

BY EMAIL: [REDACTED]



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Mr James Healy-Pratt
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23rd November 2017

Dear Mr Healy-Pratt

Re: Inquest touching the death of the late Sabrina WALSH

I am responding to your letter of 4 September 2017 with regard to the inquest into the death of Sabrina Michelle Walsh completed on 14 July 2017, noting that you have kindly granted a 60-day extension from 25 September 2017 to the required response date.

Specifically, you had concerns that the lack of CCTV in corridors and communal areas at Woodlands Acute Care, St Leonards on Sea was a factor in the unfortunate and regrettable death of Sabrina Walsh. I was saddened to read about her death.

In preparing this response, I have taken advice from Professor Tim Kendall, the National Clinical Director for Mental Health for NHS England. I have also paid due regard to the relevant guidance as listed below:

- Department of Health "Health Building Note 03-01: Adult acute mental health units"
- CQC: "Using surveillance" 2014
- Information Commissioner's Office (ICO): "In the picture: A data protection code of practice for surveillance cameras and personal information" Version 1.2
- The Surveillance Camera Commissioner Code of Practice 2013
- The Social Care Institute for Excellence: "Electronic surveillance in health and social care settings: a brief review"

As previously discussed, the Department of Health guidance states that CCTV systems should not cover service user bedrooms or toilet and shower areas but that it could be used in service user corridors, day rooms, interview rooms, therapy rooms, vocational services, education spaces, visits rooms and reception lobbies.

Should mental health providers choose to use CCTV, they should consult the CQC guidance "Using surveillance" 2014. This states that; "*The decision whether*

to use surveillance is for care providers to make in conjunction with the people who use the service... This document does not give guidance on whether or not you use surveillance and CQC does not require providers to do so." It also states that; "We would be concerned by an over-reliance on surveillance to deliver key elements of care, and it can never be a substitute for trained and well supported staff."

Consultation is recommended by the CQC at an early stage and also "from time to time throughout the use of surveillance".

The recommendations for use of CCTV in mental health units do depend on whether the unit is a secure unit or not, and if it is a secure unit then CCTV would be more strongly recommended in medium or high security units as compared to low security units. Woodlands Acute Care, St Leonards on Sea is not a secure unit.

It is Professor Kendall's opinion that widespread use of CCTV in non-secure acute mental health units such as Woodlands would be intrusive and has the potential to cause anguish to patients who may be acutely distressed, paranoid or delusional. There is a balance which must be struck between risk avoidance and the creation of a therapeutic environment. In dealing with mental health patients, the healing environment and culture necessitates a small element of risk in order that service users feel empowered and confident to cope independently (and do not become institutionalised) when they are ready to return home. Enabling and encouraging patients to take some responsibility for their health in a supported way is an indispensable part of this healing process.

In order to enhance patient safety with regard to acute non-secure mental health units, the preferred method is to support and encourage staff and patients to work collaboratively to enhance both patient safety and therapeutic risk taking and to anticipate and manage potential problems.

Professor Kendall's advice for non-secure units such as Woodlands Acute Care is that CCTV would be advisable in the areas where people enter the unit such as the entrance and the main pathways in. However, it would not be advisable to have intrusive cameras in everyday areas such as common living areas shared by patients. CCTV should not be placed in bedrooms or shower areas.

Any mental health unit should be able to explain to CQC how they use CCTV and how this is justified taking into account the patient groups that they serve. In addition, they should take account of the guidance for use of CCTV in their unit which is helpfully set out in the documents listed above and which I will not rehearse here.

In secure units, particularly in medium and high secure units, a case can be made for CCTV use in all common areas. However, this is not so for non-secure units such as Woodlands Acute Care.

In reaching his considered opinion, Professor Kendall has also taken into

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account the patient's right to respect for private and family life under Article 8 of the European Convention of Human Rights. Whilst Article 8 is a qualified right, it can only be interfered with when, amongst other things, to do so would be a proportionate response to any identified risk. Consequently, such an interference has to be justified and taken into account in the overall balancing exercise referred to earlier in this letter (and in the guidance issued by the Department of Health, the CQC and the ICO). Professor Kendall is of the view that the current advice given to non-secure units regarding the use of CCTV is a proportionate response to any potential risks.

The Sussex Partnership NHS Foundation Trust has consulted with patients and with staff on their wards on the subject of their perception of CCTV and of how this would affect their care and the perception of their environment.

The responses were largely not in favour of installing CCTV. It was felt that use of CCTV in their unit *"would be intrusive or increase their thoughts of paranoia."* Two respondents (out of the four wards asked) felt that *"it would depend on how CCTV was used and that in some cases it could be a positive initiative for safety."*

The Sussex Partnership NHS Foundation Trust has helpfully agreed with the guidance as set out by Professor Kendall above. They are currently reviewing their policies in relation to CCTV and they agree that installation of CCTV in entrance areas would be beneficial. They have agreed to install CCTV in the entrance areas of the 12 sites where psychiatric intensive care units are situated.

I hope that you have found this response helpful, and that we have balanced carefully the issues of patient safety with both patient experience and the therapeutic environment.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Bruce Keogh', written over a horizontal line.

Professor Sir Bruce Keogh KBE, MD, DSc, FRCS, FRCP
National Medical Director
NHS England