THE PRIORY HOSPITAL ROEHAMPTON

Ms Karon Monaghan QC
Assistant Coroner
Inner West London
65 Horseferry Road
London
SW1P 2ED

Strictly Private & Confidential

12th October 2017

Dear Ms Monaghan,

Re. Ms Francesca Whyatt (deceased)

I write to you in response to the Regulation 28 Report to Prevent Future Deaths dated Monday 21 August 2017 that you issued in response to the Inquest Touching the Death of Ms Francesca Whyatt. The matters of concern and responses are set out below.

There has been no risk assessment of the configuration of the East Wing ward over four floors.

As a preliminary issue, I would respectfully ask you to please note that patients are unable to access the rooms on Floor 4 or the whole of the basement (Floor 1) without being escorted. Further, I would wish to make the general point that many units in the UK for patients with mental health issues are multi-level and that ward layout will inform the main risk assessment and management tool i.e. the clinical risk assessment for a patient. In addition, to support clinical risk assessments, there will be more general environmental and health and safety risk assessments which are summarised below.

Clinical Risk assessments: All ward patients have a current clinical risk assessment and management plan in place. In order to meet the requirements of these assessments and plans, on a day-to-day basis the ward has a regular core staff team in place with oversight from an experienced ward manager and hospital management team. Systems are in place to ensure that the patient group are subject to co-ordinated safety observations undertaken by a fully trained staff team. All observations are undertaken in accordance with Policy H43 Observation and Engagement. It should also be noted that during the day, the patients are occupied in individual therapy and group work and will therefore occupy particular areas of the ward (or other areas of the Hospital) in the presence of staff.

Environmental risk assessments: prior to the opening of a service and on an ongoing basis, there will be an environmental risk assessment which will include ligature point and blind spot audits. These audits will be refreshed at least twice a year. Additionally there are weekly Quality Walk Rounds completed by senior nursing staff – these include reference to patient and staff safety and make reference to corridors being kept free of obstruction, areas that present as a risk being effectively managed and emergency equipment being available. The completed documents are

reviewed by the relevant hospital director and are also subject to a review by the divisional quality team.

Health and safety risk assessments: these will include the Potential Violence Risk Assessment (which has recently been updated and scrutinised by our Director of Risk and Safety who has found the assessment to be accurate and suitable). The assessment document is completed prior to any new ward opening and also in response to any serious incident of violence and aggression or significant change in patient profile. The assessment assists staff in identifying any actions that need to be taken to assist in reducing the likelihood of a violent incident. Additional health and safety risk assessments and audits that assist in ensuring patient and staff safety include fire risk assessments, infection control and anti-barricade door audits.

There is no written or other formal guidance on the frequency with which ad-hoc agency staff should complete the observation competency checklist.

We would wish to make the general point that ward staff will have access to agency staff training records on an ongoing basis to enable a check to be made of when the observation competency for a particular member of staff was last completed. However, we can see the benefits of this practice being codified in our existing Policy H43 Observation and Engagement and the following requirement has now been added:

'Where a bank or agency member of staff has a break in service of over one month then H Form: 99 Observation Competency Checklist must be completed again'.

This additional requirement will be communicated to divisional staff during week commencing Monday 16 October 2017 via the weekly divisional newsletter and as part of the ongoing observation and engagement staff training webinars that are delivered on a monthly basis.

Ligature incidents are not automatically treated as SUIs (though the evidence suggests that death can occur within seconds of a ligature being applied).

We would wish to make the general point that self-harm incidents both generally and those involving a ligature will vary in their nature and degree and it would not be appropriate for all ligature incidents to be treated as SUIs. It will depend on the patient and the particular circumstances in each case. Accordingly, it is for the staff who deal with the incident on the ward to make a determination, in particular the ward manager, as to how such an incident should be graded.

However, all ligature incidents will be recorded on our e-compliance system within 48 hours of the incident and all e-compliance incident reports are reviewed by the hospital management team within 72 hours of the incident report being made: they will check the accuracy of the report and the incident grading. Where necessary the incident grade will be amended. Incident reports are also reviewed on a daily basis by the central risk and audit team and where appropriate, there will be follow-ups with the Hospital to check on how the incident is being managed and what changes to a patient's risk assessment are needed.

More serious ligature incidents resulting in medical intervention will be the subject of a detailed serious incident report (called an SBAR) which will be sent to the central risk and audit team and escalated to the senior levels of management for review with an SUI report being commissioned in appropriate circumstances. Again, though this happens in practice, we can see the benefits of this

being expressly set out in our Incident Management, Reporting and Investigation Policy (OP4) and the following requirement has been added to the policy:

"Serious self-harm incidents involving a ligature or self-mutilation of such severity that the service user was at risk of death and/or life changing injuries and which necessitated medical treatment" will require an SBAR notification to be made and a further investigation will be commissioned to enable an understanding of the actual incident and identification of any improvements that need to be made to assist in preventing a repeat of similar incidents in the future.

This requirement will be communicated to divisional staff during week commencing Monday 16 October 2017 via the weekly divisional newsletter.

There is no clear guidance or criteria on the circumstances in which a ligature incident/incident/s or other self harming incident/s) should be treated as an SUI such as to trigger an SUI investigation.

As with point 3 above, we have identified that any self–harm incident which requires medical attendance and medical intervention will be recorded as a serious incident and will require escalation with a serious incident investigation being commissioned by the divisional management team in appropriate circumstances. The report arising from that investigation will be shared and any lessons learnt and improvements will be rolled-out across the division as required.

I do hope that these actions will provide you with the reassurance that you require. If I can be of further assistance then please do not hesitate to contact me.

Yours sincerely,

[redacted]
Hospital Director