



16 July 2019

Private and Confidential

Mr David Reid, HM Assistant Coroner for
Central Hampshire

Fiona Edwards
Chief Executive &
Lead for Frimley Integrated Care System

Chief Executive's Office
Surrey and Borders Partnership NHS Foundation Trust
18 Mole Business Park
Leatherhead
KT22 7AD

E: Fiona.Edwards@sabp.nhs.uk

Dear Mr Reid

**Re: Regulation 28 Report to Prevent Future Deaths (1)
Surrey and Borders Partnership NHS Foundation Trust Response**

I send this letter on behalf of Surrey and Borders NHS Foundation Trust (SABP), North East Hampshire and Farnham Clinical Commissioning Group, and Guildford and Waverly CCG. We write in response to your Regulation 28 Report to Prevent Future Deaths (1), hereafter referred to as 'PFD', issued on the 23 May 2019 following the inquest touching upon the death of Sasha Forster. We would like to thank you for investigating this matter so thoroughly and for bringing the matters of concern you have to our attention.

The PFD outlined that it was stated in evidence that a lack of resources prevented the return of Ms Forster to Farnham Road Hospital (FRH) by SABP staff, despite it being our legal responsibility to do this; that Ms Forster's mother gave evidence that the Trust's reliance on her returning Ms Forster to the ward placed an unfair and intolerable burden on her; and that although Ms Forster's leave was not formally revoked on the day she died, her mother was given to believe that it would be and therefore reluctantly agreed to return Ms Forster to the ward.

In your report you stated that the below action should be taken:

[SABP] has a legal responsibility to arrange for the return to hospital of patients whose s.17 leave they have revoked. If resources are not provided to allow them to fulfil this legal responsibility, there is a risk that future patients, whose s.17 leave has been revoked and who remain at risk of self-harm or suicide whilst in the community, will find the opportunity to act in such a way as results in their death, whether intentionally or not.

Our response

Where a person who uses our services is absent without leave (AWOL) (where their section 17 leave has been revoked and they have refused to return to the ward), their location is

known, and they are not posing a risk to themselves or others, we agree that it is the Trust's responsibility to arrange for them to be returned to the ward by SABP staff; in line with our Absent Without Leave Missing Persons Policy. Staff have access to the hospital pool car, taxi services, or secure / NHS ambulance transport in order to facilitate the return of a person who is AWOL to the ward, depending on what is considered to be most appropriate in the circumstances, following a risk assessment.

However, this will cause a reduction in the numbers of staff on the ward if we use staff on working on shift and may put other vulnerable patients at risk.

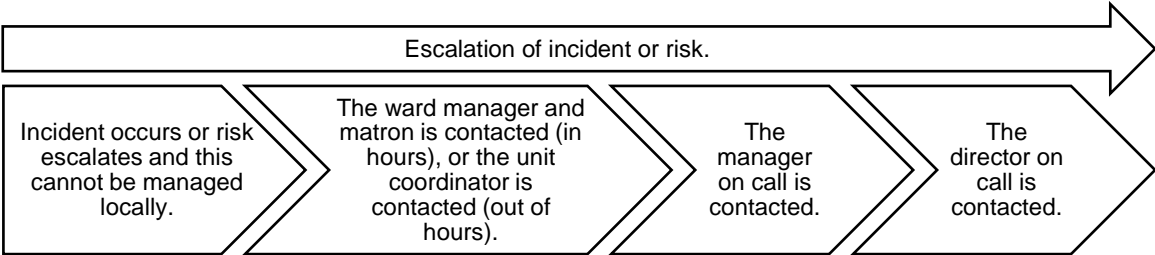
The Trust therefore has the following mechanisms currently in place to manage this situation:

1. All people who use our services are risk assessed on admission and throughout their time in our services and reviewed daily by the staff. If a person is assessed as a high AWOL risk, this should be reflected in their section 17 care plan. Our section 17 policy has recently been revised to ensure that section 17 care planning is more robust. We have devised a new section 17 leave form, which must be signed by both the Responsible Clinician and a member of nursing staff. This form requires the nurse to check that the patient has an up to date section 17 leave care plan and risk assessment before leave is granted. The form was reviewed by a Mental Health Act Reviewer from the Care Quality Commission before it was implemented.

These individual risk assessments will then contribute to the overall assessment of ward risk and staffing levels of the ward. If a person is a high risk of AWOL, then extra staff will be allocated to the ward in order to manage this risk.

2. There is also a process for escalating any developing risk in the Trust, which should be followed in any situation where a risk has escalated beyond the boundaries of the Trust's advance planning. This includes, for example, if a person is AWOL and needs to be returned to the ward, but there are insufficient staff to facilitate this.

The escalation process is outlined below.



Therefore, if there are sufficient staff to return a person who is AWOL (and whose whereabouts are known) to the ward, the above escalation process should be put into action. In the first instance, this will mean escalation to the ward manager and matron of the hospital, who will be able to move staff from other wards to support the staff on the ward where the person is AWOL from until they are returned. Out of hours, the manager on call can be contacted, who will be able to facilitate the mobilisation of other staff in the organisation to assist. This would include staff from our home treatment teams (who are connected to our inpatient services) and our community

teams. If there are difficulties in reaching the manager on call, or it is not possible to mobilise staff from other teams, the director on call can be contacted, who will be able to mobilise managers to support the ward and / or facilitate the return of the person who is AWOL.

It would be impractical for SABP to have extra staffing on each ward on a shift by shift basis for the purpose of being available to return people who are AWOL and whose whereabouts are known, particularly as this is an uncommon occurrence. All our Wards comply with National Safe Staffing standards.

The above contingency plan allows us to manage our resources effectively and to ensure that staff can be mobilised in order to safely return an AWOL patient to the ward.

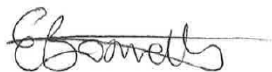
This Inquest has highlighted that not all staff are aware that the above risk escalation process should be followed in the event that a person is AWOL and needs to be returned to the ward. We take full responsibility and we will therefore update our AWOL Policy with a clear process map that outlines how concerns about a person who is AWOL should be escalated by September 2019. Thereafter, this will be shared with staff and added to the section 17 competency framework to ensure awareness of the process.

I hope that the above reassures you that there is a process in place to facilitate the return of AWOL inpatients to the ward and that the Trust is committed on an ongoing basis to provide training through local induction to our staff and ensuring they are aware of the policy and process they should follow when a person is AWOL.

Yours sincerely,



Fiona Edwards
Chief Executive
Surrey and Borders Partnership NHS Foundation Trust



Emma Boswell
Executive Director of Quality and Nursing (on behalf of the Chief Executive Officer)
North East Hampshire and Farnham CCG



Matthew Tait
Chief Officer
Surrey Heartlands Integrated Care System