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Case number:

Tuesday 12 January 2021

By email to: kentagov.uk kentagov.uk

Ms Joanne Andrews, Area Coroner: NE Kent North East Kent Coroners County Hall Sandling Road Maidstone Kent, ME14 1XD

Dear Ms Andrews

Death of Mr Martin Thomas Barrett; Date of birth: 21 October 1977 – Date of death: 25 February 2020

I am writing in response to the Regulation 28 Report dated Tuesday 3 November 2020 issued following the Inquest touching the death of Mr Martin Thomas Barrett.

Your Regulation 28 Report identifies that arrangements should be put in place so that newlyreferred clients with a higher risk profile are provided with advice on how to secure alternative treatment (rather than this being the responsibility of the insurers or corporate policyholders).

We have given due consideration to the concerns raised and our response is provided below.

Corporate Client Team arrangements

Please note that direct contact is now made by the Corporate Client Team (CCT) with all newly referred clients following treatment authorisation. An e-mail will be sent in the event that the newly referred client cannot be reached by telephone.

Guidance has been put in place for the CCT on the actions to take if a client is experiencing an immediate crisis. The guidance includes a script to be used by the staff member to instruct the client to make contact with their family, friends or colleagues or crisis counselling services. Additionally the script makes reference on how to obtain emergency professional assistance (for example, by attending their nearest accident and emergency department).

Therapist arrangements

In order to secure prompt clinical input, an appointment with a consultant psychiatrist is now booked to take place in the same week as the therapy assessment. The appointment is released should the outcome of the therapy assessment be that the consultant psychiatrist assessment is not required.

Therapists have also been given guidance – similar to that outlined above – on the advice that they should give to any newly referred clients who they feel are higher risk. They have also been reminded that it is not always possible for an assessment by a consultant psychiatrist to take place on the same day as the initial therapy assessment and this needs to be taken into account when providing advice and guidance to a higher risk client.

Documentation and communication

The CCT and the therapists have been reminded that they should document their interventions and must communicate with each other and the newly referred client promptly – they should not expect this to be the responsibility of the insurer or corporate policyholder. Audits of client contacts will be carried out by the CCT from time to time in order to ensure this aim is achieved.

I trust that the actions outlined above will provide the assurances you seek in respect of this matter.

Yours sincerley

Chief Executive Officer Priory Group