

18 FEB 2016

Fermoy Unit

Norfolk and Suffolk **NHS**

NHS Foundation Trust

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Our ref.ml/mp

15 February 2016

Ms J Lake  
HM Coroner  
Norfolk Coroner's Service  
69-75 Thorpe Road  
Norwich  
Norfolk  
NR1 1UA

Dear Ms Lake

### Regulation 28 report following the inquest of Mr Christopher Higgins

I write in response to your report dated 24 December 2015. Under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013 you requested the Trust consider issues of service delivery following the conclusion of the inquest into the death of Mr Christopher Higgins on 16 December 2015.

You identified four matters of concern. I will address these in order:

#### Observations

Your report identified that during the inquest staff reported areas of confusion regarding the action of additional observations. The staff conveyed a lack of clarity regarding aspects such as arm's length or within eyesight. Following the inquest the Trust's Observation and Engagement of Service Users policy has been reviewed and updated to reflect the need for clarity in applying the observations as intended. I enclose a copy of the policy.

Amending policy is one action, which must be followed by communication to ensure its adoption by all staff. The Trust uses a range of communications including updates by email, within a Patient Safety Newsletter and discussion at governance and leadership forums. Through this range of means, staff are updated of the requirement to adapt practice.

#### Escorting/Transferring patients from one place to another when other services are involved.

Your report reflected the fact that Mr Higgins was transferred in the Police van back to the Fermoy Unit without a member of mental health staff present. Accepting that in Mr Higgin's case the travel time and distance was small (within the site), the Trust acknowledges how important this can be for the patient. Therefore the Trust will be strengthening its policy direction (the policy is further



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referenced below) that staff should wherever possible, accompany the patient during the transfer. There may be some limited instances where this is not possible on the grounds of safety but decisions would be made in liaison with the other service involved.

### **Safety of the environment where the incident took place**

Following the incident the Trust reviewed the railing that sits with the disabled access ramp, adding additional height bars to reduce the likelihood that an individual could, from a standing position, jump over the top of them.

Following the inquest the Trust has revisited the assessment of this area. Whilst there are mitigations in place such as the heightened rail and access to the area by patients is made with supervision, the Trust has decided to fully enclose the ramp. This work has commenced and is proposed to be completed by the end of March 2016 and removes the possibility of an individual jumping from the top of the ramp area.

### **Agreement with acute hospitals to support timely assessment of the patient's needs**

In addition to writing to the Trust, you have communicated with the local acute hospitals in Norfolk with the intention of raising to both services the consideration of how patients with mental health needs are cared for in a timely and least distressing way.

The Trust is taking this matter further than the Norfolk acute hospitals instructing managers based in Suffolk to liaise with their acute hospital colleagues as well. Each area is working to create local protocols which will be incorporated into policy. These are in progress and their completion will be reported to the Trust board.

Thank you for bringing the matters to the Trust's attention. If I can be of any further assistance please do not hesitate to contact me.

Yours sincerely



Michael Scott  
Chief Executive

