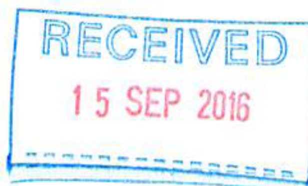
Nightingale Hospital



Coroner Ms M E Hassell
Senior Coroner
Inner North London
St Pancras Coroner's Court
Camley Street
London
N1C 4PP

30th August 2016

Dear Ms Hassell

Regulation 28 Report to Prevent Future Deaths following the inquest of Mr John Jones on 18th April 2016

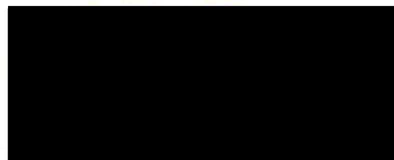
I am writing in response to the concerns raised in your Regulation 28 Report following the inquest held on 18th August 2016.

It is acknowledged you concluded that Mr Jones experienced a sub-optimal therapeutic environment by virtue of his unwillingness to participate or engage in the formal therapy programmes that were on offer. However, it is further evidenced that to insist and/or force such engagement as a condition of remaining in hospital would run counter to the guiding principles of the Mental Capacity Act (2005). It is however accepted that this lack of engagement gave the impression that the hospital provided only a superficial level of service which amounted to a sub-optimal therapeutic experience. That is not to say that the regular, thorough consultations between consultant, patient, input from nurses and on occasion family sought to determine a plan of care which was agreed by all, and consented to by the patient throughout his treatment.

As per your report and as articulated in the Root Cause Analysis (RCA) provided to you for consideration at the hearing, in future, what engagement there is will better be considered through a more formal multidisciplinary forum. Following which discussions it will be possible to develop [perhaps] more conclusive objectives, rationale and purpose of hospitalisation. As such, all staff engaged in the provision of care and indeed the patient and where appropriate, the family will have the opportunity to input into a more comprehensive decision making forum. During a time of increased distress and disengagement a patient may require increased levels of support to assist engagement whilst reducing the level of distress or lack of participation.

Action	To be completed by:-
1. Review/reconfigure and formalise the MDT meeting for General Psychiatric patients.	This has been completed
2. Development and introduction of decision-making pathway based on information gathered and collated from MDT discussions including the patient and where appropriate, family members.	Pathway to be presented to Care Quality Management Group (CQMG) (September) & Medical Advisory Committee (MAC) for ratification in September 2016.

Signed by:
Managing Director / Responsible Individual



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