

27<sup>th</sup> January 2017

Ms Penelope Schofield  
Senior Coroner: West Sussex  
Coroner's Office  
West Sussex Record Office  
Orchard Street  
Chichester  
West Sussex, PO19 1DD



**Private and confidential**

Dear Ms Schofield

**Re. Regulation 28 Report to Prevent Future Deaths following the Inquest concerning the death of Ms Amy El Keria**

Thank you for your Regulation 28 report dated 18 November 2016 addressed to Mr Tom Riall of the Priory Group. Please note that [REDACTED] has now stepped down as Chief Executive Officer of the Priory Group and I have been appointed to that position with effect from 1 December 2016. I am therefore responding to your report on behalf of the Priory Group as Chief Executive Officer.

**Addressing your concerns**

1. Adequacy of staffing levels

We note your comments in relation to the QNIC guidance published by the Royal College of Psychiatrists and we consider that this is still an appropriate reference point for the staffing of CAMHS units and continues to be used by many providers in determining and monitoring appropriate staffing levels.

More generally, staffing levels at the Child and Adolescent High Dependency Unit (HDU) at Priory Hospital Ticehurst (and indeed on all our wards) are kept under constant review to ensure they are appropriate to the ever-changing needs and numbers of patients. Reviews of patient behaviours and their needs (as set out in care plans and risk assessments) are carried out at the beginning of each shift as part of the formal handover and adjustments made to staffing levels and mix as appropriate. In assessing adequacy, the following factors also need to be taken into account:

- i. nursing staff on a ward should not be considered in isolation from the support and input provided by other professionals on the ward (for example, one to one sessions are provided by a number of clinical professionals including therapists and doctors);
- ii. CAMHS patients attend school and therapy in the day (this therefore increases the staff/patients ratios remaining on the wards);
- iii. ward managers and other supernumerary staff are not taken into account in determining appropriate staff/patient ratios (but they do of course interact with patients throughout their shift);
- iv. staff can be called in from other wards at any time but particularly in an emergency;

- v. there are robust on-call arrangements which all senior managers must participate in; and
- vi. we encourage a culture of openness and team working and if employees have concerns around staffing they can raise those with the ward manager, clinical services manager or hospital director.

## 2. Risk assessment and management including the Risk Assessment Tool

I am pleased to advise you that an enhanced Risk Assessment Tool was launched on 28 November 2016 and that staff briefings in relation to using the tool are underway. The new tool enables a better assessment of behavioural risk prior to admission and encourages patients to become more involved in understanding their risks and how to manage them. Feedback from our staff about the tool has been very positive.

## 3. Observations and information sharing

In common with all healthcare providers and as part of its commitment to continuous improvement, Priory Group keeps all of its operational policies and procedures under constant review including in relation to observation and engagement. Observation recording forms have been enhanced and are now more user friendly with clear instructions on what should be recorded. We have also endeavoured to make the policy clearer in relation to information sharing. Local site compliance with observation procedures is monitored via out-of-hours unannounced internal audits.

## 4. Emergency procedures

Please note that in relation to BLS and ILS, monthly simulation drills are undertaken and these involve all staff and involve a variety of different emergency life support scenarios. Feedback from the drills has been very positive and indicates that staff are continually putting into practise the skills that they have been taught.

Having reviewed your comments in relation to ALS training carefully, we consider there is greater overall benefit for the hospital if we retain an expert in ALS/resuscitation who will deliver training and coaching to our staff. The expert is to be retained under appropriate contractual arrangements and will provide face-to-face training for nursing and medical staff and will work with the hospital management team on developing and implementing the emergency scenarios and provide objective feedback.

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

  
**Chief Executive Officer**  
**Priory Group**