

[REDACTED]  
Priory Chief Executive Officer

Your Ref: 238048: Matthew Alexander CASEBY

Tuesday 14 June 2022

Ms Louise Hunt, Senior Coroner  
Birmingham and Solihull Areas  
The Birmingham and Solihull Coroner's Court  
Steelhouse Lane  
Birmingham, B4 6BJ

**Private and confidential**

Dear Ms Hunt

**Matthew Alexander Caseby – Response to Regulation 28 Report**

I write in response to the Regulation 28 Report dated Thursday 22 April 2022 which was issued following the Inquest touching the death of Mr Matthew Caseby. You have raised five matters of concern that relate to the Priory Hospital Woodbourne and one matter of concern that has been raised with the Department of Health. The responses to the matters of concern that relate to Woodbourne are as follows below. Please note that each concern has been raised and discussed directly with the Woodbourne Senior Management Team (**SMT**) in order for them to reflect on the issues and take appropriate remedial actions.

**1. Record Keeping**

***You have raised a concern that there is potential for there to be different information contained in the patient electronic records (CareNotes) and the hand-written handover sheets.***

Communications to staff: During May 2022 two bulletins were issued to all colleagues in the Healthcare Division via the Priory intranet. The first bulletin, issued as part of the monthly Safety First initiative, emphasised the importance of accurate and detailed record keeping. The second bulletin detailed the importance of conducting thorough and comprehensive shift handovers. The bulletins each emphasise that the content of the daily care record must correspond with the content of the handover record. The bulletins have been discussed at Woodbourne governance meetings and in staff supervision.

Changes to the IT system: We are currently installing software in the Healthcare Division to enable the Datix incident reports to upload directly to the patient's CareNotes record (i.e. staff will only have to record the incident on Datix and the information will automatically be copied across to the patient record). We expect this to go "live" from July 2022. This will enable colleagues to have ease of access to the incident reports via CareNotes which will facilitate preparing for and writing up shift handover documentation.

Changes to Documentation: A trial is underway within the Healthcare Division of a shift handover template with the finalised version likely to be introduced at the beginning of July 2022. The shift handover template specifically contains a requirement for colleagues to refer to recent incidents and communicate the patient's current risk to colleagues on the incoming shift. Colleagues will sign to confirm that the handover has been received.

Monitoring: Implementation of these actions will be monitored by the following means:

- The internal compliance team will check for the consistency between patient records and handover notes as part of their monitoring audits: they routinely 'sit in' on handovers and review the content of patient CareNotes records.

- The monthly Quality Walk Round template has been updated so that patient records and handover notes will be assessed for consistency. A Quality Walk Round involves a senior member of the hospital team scrutinising particular areas of ward practice using sampling methodology.

## **2. Record Keeping Quality**

***You have identified that there were inaccuracies in Mr Caseby's medical records.***

Communications to staff: The importance of keeping accurate records has been raised with all relevant staff at Woodbourne. This will be monitored on an ongoing basis as part of staff supervision and where necessary their appraisals. The importance of accurate record keeping was outlined as part of the Safety First initiative referred to above. The bulletin also made it clear that "cutting and pasting" is not acceptable clinical practice.

Changes to Policy: Policy H62 Healthcare Records has been reviewed and re-issued. The policy also makes reference to the fact that "cutting and pasting" between patient records is not acceptable.

Monitoring: The following checks are being undertaken to ensure that records are accurate:

- The internal compliance team will continue to undertake reviews of patient CareNotes records during their inspections. The reports arising from three recent internal compliance audits have been reviewed and we can confirm that patient notes were reviewed for accuracy as part of that process.
- The monthly documentation Quality Walk Round template has been updated and includes a requirement for accuracy checks to be carried out on CareNotes records (including ensuring there is no "cutting and pasting" between patient records).

## **3. Risk Assessments**

***You have identified that Mr Caseby's risk assessment was not updated when the risk of absconding materialised.***

Communications to staff: All colleagues at Woodbourne have been reminded about the requirement to complete contemporaneous risk assessments. This has also been raised with colleagues as part of supervision and where necessary, appraisals.

Checks by Ward Staff: At Woodbourne, the nurse in charge of the ward (or the on-site manager during weekends and "out-of-hours") checks reported incidents and triangulates these with the patient risk assessments and risk management plans. Similarly, all incidents that have occurred in the previous 24 hours are highlighted during the morning 'flash' meeting (these meetings take place Monday to Friday and are attended by the SMT together with representatives from each ward). The meetings act as a prompt to ward managers to check that such incidents have been reported on Datix and CareNotes and considered within the patient's risk assessment and care plan. This is then confirmed the following day at the next flash meeting.

Changes to Policy: During May 2022, we incorporated the issues learned from the inquest into Policy H35 Clinical Risk Assessment which has been updated and re-issued. For example, there is now a reference to the risk assessment and risk management plan being reviewed by the senior member of the team as soon as practicable after an incident and this review must be completed before the end of the current shift. The outcome of the risk assessment and any subsequent changes to the care plan (which may include an increase in observation levels) must be communicated to the next shift at handover.

Changes to Datix: The Datix incident reporting system now has a prompt in place asking the staff member reporting the incident to confirm whether the patient's risk assessment and associated care plans have been reviewed in response to the incident.

Monitoring: The following checks are being undertaken to assess whether risk assessments and risk management plans are accurate:

- Woodbourne is undertaking a weekly audit of a sample of incident reports which are checked against risk assessments and care plans. Results are reviewed at the weekly hospital governance meetings.
- The internal compliance team will continue to review patient risk assessments (which form part of the CareNotes records) against incident reports during their inspections.
- The monthly Quality Walk Round template has been updated and includes reference to checks being made on CareNotes that the risk assessment accords with the patient's incident profile.

*Training:* We have initiated a review of our risk assessment and risk management training e-learning module and this will be updated and rolled out during H2 of 2022. The module will include a requirement to ensure that risk assessments and risk management plans are contemporaneous and accurate and that patient risk is shared in "real-time" with all colleagues.

#### **4. Serious Incidents**

***You have concerns that the system of investigation in place means that critical lessons are not learnt at the appropriate time.***

*Changes to Datix:* A review has been completed of the absconding categories on Datix which will ensure more accurate reporting. For example, the categories now clearly define whether the patient has absconded from the ward or whether the patient is absent from the ward (i.e. has not returned from planned leave). A 'pop up' prompt has also been added to Datix to advise that in the event of a patient absconding from within the ward garden/courtyard, an environmental risk assessment of the garden/courtyard must be completed.

*72-Hour Reports:* Priory has amended the 72-hour incident report and team incident reporting system to ensure that these document in more detail the lessons learnt from incidents and the actions taken to prevent a re-occurrence of such incidents.

*Changes to Investigations:* Priory is adopting the NHS Patient Safety Incident Review Framework (PSIRF) which is likely to be rolled out by the NHS during 2022. This will facilitate the carrying out of proportionate and detailed investigations in response to serious incidents (including where patients abscond). Colleagues will also be reminded of the requirement that prompt and appropriate actions are taken in response to all incidents and near misses. More specifically, Priory has determined that any incidents involving a patient absconding from within a ward garden/courtyard will be subject to a full PSRIF investigation to ensure lessons are learned. All Hospital Directors will receive updated serious incident investigation training in the next 2-3 months.

*Monitoring:* The following checks are being undertaken to ensure that there is an appropriate response to incidents:

- The divisional Quality Improvement Leads will undertake a review of incident reports and the actions taken in response to those incidents. Where there are concerns about a lack of action these will be escalated through the divisional management structure.
- Absconding incidents will be reviewed by the divisional senior management team on a monthly basis with a check made that an environmental risk assessment of the garden/courtyard has been completed and where necessary local risk management procedures have been updated.

#### **5. Courtyard Fence**

***You have raised concerns about the safety of the Beech ward courtyard area as an absconding risk and the potential for the fence to be used as a ligature point.***

*Ongoing Works:* Excavations of the Beech ward courtyard, to include levelling off and landscaping, began shortly after the conclusion of the Inquest. These works were finished on 10 June 2022 and will eliminate the areas where there is banking adjacent to the fence: i.e. the courtyard mesh fence will be

a minimum of 3.2 metres in height with anti-climb roller bars also in place. A CCTV survey has been completed and the system has been upgraded to ensure that there is full visibility of the environment.

Management Procedures: The existing Beech ward courtyard/garden risk management procedures will be reviewed and updated upon completion of the excavation works. It is expected that the procedures will be re-issued during week commencing Monday 21 June 2022.

Ligature Risk: The ligature point risk presented by the fencing had already been recognised and formed a part of the external environment ligature point audits which are completed on no less than an annual basis. Colleagues are aware of the risk of patients using a ligature and this is considered as part of the patient risk assessment process with patient observation levels adjusted accordingly.

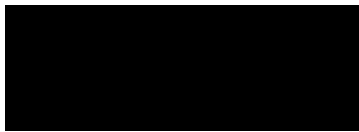
Please note there have been no further incidents of absconding from the Beech ward courtyard since the incident that was reported to you during the inquest.

## **6. National Guidelines for Perimeter Fencing**

Although your concerns were addressed to the Department of Health, I can confirm that following an internal review, we have concluded that the appropriate height for courtyard and garden fencing at our acute units is not less than 3.2 metres and we are currently implementing a programme of works to increase fence heights where required. This is expected to be carried out over the next 12 months. We also consider it appropriate for anti-climb roller bars to be fitted at the top of each fence.

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

Yours sincerely,



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Priory Chief Executive Officer