South London and Maudsley NHS Foundation Trust
Maudsley Hospital
Denmark Hill
London, SE5 8AZ
Switchboard: [redacted]
E-mail: [redacted]

26th July 2024

His Majesty's Coroner
1 Tennis Street
London
SE1 1YD

For the attention of Assistant Coroner Mooyaart

By email [redacted]

Private & Confidential

Dear Assistant Coroner Mooyaart

Re: **REGULATION 28 REPORT TO PREVENT FUTURE DEATHS**

I write in response to the Regulation 28 Report to Prevent Future Deaths dated Friday 17th May 2024, which you sent following the inquest into the death of Mr J Monoja.

In the report, you raised the following concerns:

Risk Assessment Tool on the online system (EPJS) is not used in line with Trust policy. The detailed indicators informing the risk assessment were not updated. A longer narrative assessment of the patient was instead placed in the patient chronology.

(1) If the risk indicators set out in the tool are not systematically reviewed or reconsidered, then the assessment of risk that follows will then be based on incomplete and/or out of date, and therefore misleading, information.

(2) Absent the above, and dating of revisions within a compound document, it is not clear on what indicators any risk assessment is in fact based.
(3) To the extent the risk assessment is used as a benchmarking tool, the impression given to the most recent viewer is then likely to be incomplete and misleading.
(4) The potential benefit of using the tool to establish a point of benchmarking/ comparison is in any event lost where the compound narrative assessments are not clearly dated and signposted (as was the case in this inquest).
(5) If the detailed patient assessment is instead placed as a new entry in the general chronological notes, the usefulness of the risk assessment tool as a clear, well signposted, dated assessment and documentation of the patients of risk(s), is lost, requiring a reviewer to instead review the general chronological log of entries on the EPJS where it is not required to be articulated in the same terms, and may be more difficult to identify in a longstanding patient.

The Trust's response to these concerns is as follows:

As you have noted, following the investigation into this very sad death, the Trust is committed to improving our approach to risk assessment, formulation and safety planning. To this effect, leads have been appointed to start this work and last month the Trust was successful in a bid to be one of the second wave pilot sites to work with the National Culture of Care team to adapt our risk assessment and formulation tool. The purpose of this is to train staff in current best practice with regards to risk, and to embed sustained change in practice across the Trust. This is a major piece of work over the next 18 months, with significant service user involvement and using quality improvement methodology. Progress will be tracked by regular meetings and review of data with the culture of care team.

It is recognised that at times risk assessment documents are partially updated and the communication with regards to risk is of the utmost importance to ensure we provide safe and clinically effective care.

As a result, we will be issuing a blue light bulletin to all clinical staff by Friday 9th August 2024 reminding them of the need to ensure risk assessment documents are updated at appropriate intervals including at the time of assessment in line with the Trust risk assessment policy.

Teams will ensure this is being completed through regular audits of risk assessments on the Trust Audit Systems 'Tendable'. From June 2024, the Trust has made changes to the auditing system of Risk assessments for inpatients, crisis and community services to ensure that this is a now stand-alone audit tool to ensure the quality and accuracy of risk assessments for patient within our care.

I hope that this response addresses the concerns which you have raised and explains why the trust has chosen to take the steps it has. I thank you for bringing these issues to our attention.

Yours sincerely,

[redacted]

[redacted]
Chief Executive
South London and Maudsley NHS Foundation Trust

Cc [redacted]