NHS
Sussex Partnership
NHS Foundation Trust

Office of the Chair & Chief Executive
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27 February 2025

Ms Lisa Milner
Assistant Coroner
Coroner Service: West Sussex, Brighton and Hove
Parkside Chart Way
Horsham, RH12 1XH

Sent Via Email: [redacted]

Dear Ms Milner

I write in response to your Regulation 28 report dated 2 January 2025 raising your concern about the risk posed by Trust fixtures and fittings. I am grateful to you for raising your concern and sharing the particular evidence that you heard during the Inquest touching the sad death of Morgan Betchley.

Firstly, I wish to extend my sincere condolences to Morgan's family and friends. I know that the Inquest into Morgan's death lasted two weeks which must have been an extremely difficult experience for her family and friends. That said, I hope that the thoroughness of the Inquest, together with this response will provide them with answers as well as assurances as to the improvements made in the last two years.

I understand you are concerned about the extent of the Trust's policy/guidance in relation to Trust fixtures and fittings because of the risk that they may pose if not removed from patients who may utilise them as a means of taking their own life.

I am informed that you have already been confidentially provided with a copy of the Trust's Ligature Anchor Point Risk Reduction Policy (the 'Policy'), for your personal assurance. The Policy provides the Trust-wide guidance in relation to the elimination, reduction and control of ligatures and anchor points in in-patient settings. I understand that you have been expressly advised that the Policy is not, and must not be, available on our public website due to the patient safety risks associated with it being in the public domain. I should also add that restricting the accessibility of the Policy is in accordance with NHS England's National Patient Safety Alert 2020/01, publication of which is also restricted, but confirmation of its existence and general information about Patient Safety Alerts can be found here: NHS England » Our National Patient Safety Alerts.

As you will have seen, the Policy covers the risk posed by fixtures and fittings and how that risk is managed, with emphasis on the need for comprehensive risk assessment, safety planning and therapeutic observations. I understand that you heard evidence during the Inquest about how, in practical terms, clinicians dynamically risk assess and manage risk, yet are unable to completely remove all risk. Notably, the Policy specifically states that:

'The Trust recognises the need to balance clinical risk management against issues of privacy, dignity and the need to take positive therapeutic risk'.

I understand that bedding and curtains were of particular concern to you during Morgan's Inquest. It must be recognised, that whilst these are items that could be used as a ligature, or cause other harm, they are also necessary for comfort, dignity and privacy and I agree with the evidence you heard at Inquest that it is not, and should not be, routine practice to remove these items. The expected practice, in line with the Policy, is that the potential risk posed by items must be individually and dynamically risk assessed, and the risk incorporated into the patient's individualised risk assessment. So, in response to a significant risk of harm from ligature, enhanced observations can be put in place, or, in exceptional cases, following comprehensive risk assessment, anti-ligature clothing is available. However, these are restrictive interventions which can only be used if they are the least restrictive practice.

Whilst the Policy, that was in place two years ago, did, and does, cover assessing and removing items, following receipt of your Regulation 28 report revisions to Appendix 6 of the Policy have been made, with specific inclusion of bedding and curtains. The revisions expressly reference bedding and curtains as items to be considered during the assessment of items in a patient's bedroom that could potentially be used as a ligature. The Appendix 6 revisions are currently progressing through the Trust's policy ratification processes and will be incorporated into the Policy once ratification is completed, expected to be by the end of March. However, I enclose a draft copy of the revised Appendix 6 for your assurance; for the patient safety reasons set out above, **this must not be more widely shared.**

As an immediate measure, following receipt of your Regulation 28 report, a Patient Safety Briefing was circulated to ward staff to highlight your concern and to reinforce compliance with the Policy, specifically, the necessity to undertake comprehensive risk assessment to ensure patients can safely be allowed access to items of risk including their own clothes, bedding, towels, curtains etc. I enclose a copy of that Patient Safety Briefing for your assurance and, again, for the patient safety reasons set out above, **this must not be more widely shared.**

For completeness, I confirm that, refreshed ligature risk, assessment and awareness training was launched in July 2024. I understand that you have already been provided with details of the training package and, further, I can now confirm that the training will become mandatory in April 2025.

Regarding other fixtures and fittings, I understand that you heard significant evidence in relation to the new anti-ligature alarmed bedroom doors and I am pleased to confirm that installation is now complete on Rowan Ward, with work having now also commenced on Maple Ward. As you will be aware, work on other Trust sites is dependent on the needs of the particular site and is also subject to funding being secured.
For ongoing assurance, I confirm that the Trust has a Trust-wide ligature group which oversees all ongoing improvement works relating to ligatures and ensures all ward staff are

fully aware of the ligature risks in their areas, through a consistent and standardised use of heat maps, photos and other resources to pinpoint ligature risks. That group considers and responds to incident data to enable cross-organisational learning and on-going improvement.

Thank you for raising your concern and bringing it to my attention. I hope that the contents of this response provide you and Morgan's family with assurance that action has been taken to address the concern and that the Trust has procedures in place to continue to make ongoing improvements to maintain patient safety. However, if I can be of any further assistance to you, please do not hesitate to contact me.

Yours sincerely

Chief Executive