Essex Partnership University
NHS Foundation Trust

23rd July 2026

Private & Confidential
Ms Sonia Hayes
HM Area Coroner for Essex
Coroner's Office
Seax House
Victoria Road South
Chemlsford CM1 1QH

Trust Headquarters
The Lodge
Lodge Approach
Wickford
Essex
SS11 7XX

[redacted]

Dear Ms Hayes,

Katharine Corrigan (RIP)

I write to set out the Trust's formal response to the report made under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013, dated 1st June 2026.

This report was received by the Trust following the inquest into the sad death of Ms Corrigan (RIP).

I would like to begin by extending my deepest condolences to Ms Corrigan's family. The Trust expresses its sincere sympathies and acknowledges the profound nature of their loss.

The matters of concern as noted within the Regulation 28 Report have been carefully reviewed and noted. I will now respond in full to the concerns raised in the hope that this provides both yourself and Ms Corrigan's family with comprehensive assurances of the changes that have been made at the Trust to address the concerns you have raised.

Concern 1) Ms Corrigan was prevented from accessing healthcare related to an ongoing hormonal disorder for which she had been receiving treatment prior to her detention. The treating consultant had contacted both the mental health team and the Responsible Clinician and received no response to his correspondence.

Response:

In line with the evidence provided at this Inquest, it is accepted that the request from the practitioner to see Ms Corrigan in relation to her concerns around a hormonal disorder ought to have been further explored. Professional curiosity and ensuring patients are given a voice remain key objectives for the Trust, this is facilitated by access to medical and nursing staff and support teams. Furthermore, the Trust is continuing to explore partnerships with external agencies in order to enhance and fully support patients with their individual care needs.

Concern 2) There were significant omissions in clinical detail and recording in medical records.

Response:

The Trust acknowledges the Coroner's concern regarding the quality and completeness of clinical documentation and specifically, the shortcomings in the way documentation and source materials were referenced and applied within the subsequent Patient Safety Incident Investigation report.

As a result, the Trust has introduced enhanced assurance arrangements, including structured checklists to ensure relevant patient records and supporting documents are identified, reviewed and appropriately referenced. These arrangements were finalised in January 2026.

Additionally, a new form for the leave risk assessment has been development which affords clarity on the completion of the risk assessment, the outcome of the review and the type of leave (un-supervised / escorted etc) that has been approved. The form also now specifically includes the time a patient has left for the agreed leave and the time they are due to return as well as the actual time of return. This will allow for clearer monitoring and safety controls. The development of these controls is an ongoing exercise in order to ensure these remain robust.

Further, the Trust initiated a Record Keeping Safety Improvement Programme (SIP). This SIP program has focused on improving patient safety in respect of documentation specifically. The approach will be to support continuous learning and improvement and regular review. There SIP aims to continually review learning in relation to record keeping.

Finally, the Trust has initiated a person centered audit (through the Trust Tendable audit system) which reviews care plans. Audits are undertaken on a monthly basis. These audits are supported by Practice Nurse Educators. Tendable audits have remained in place at the Trust with the last update to this process being completed in October 2024.

Concern 3) There was a lack of qualified and appropriately trained staff on the ward and there was a lack of compliance with the Trust's policies in conducting the risk assessments for Section 17 Leave.

Response:

As outlined above, documentation standards in general remain an area of focus for the Trust with a number of initiatives being undertaken Trust wide to improve these standards (including the SIP referenced above).

As outlined in the statement submitted by [redacted] (Chief Nurse), there is a clear Trust-wide understanding of the need to ensure effective rostering which underpins safe, high-quality care by ensuring the right skill mix, proactive planning, and timely publication of rosters in line with Trust requirements. There is further work and oversight regarding rostering at ward level that has been enhanced to support improved approval of rosters within the timescales recommended.

Again, as set out in the evidence from [redacted] from 2025 the Trust introduced Executive led oversight safer staffing meetings that has senior nurse leadership. The purpose is to ensure that staff are rostered in line with recognised budgeted establishments taking into consideration patient acuity and safety. The introduction of a shift-level sign-off is being included where the matron must verify that an experienced RN is available to lead the ward.

Concern 4) Ms Corrigan's Section 17 leave was rescinded by the Responsible Clinician due to the risk of self-harm and deterioration in mental state. Ms Corrigan was permitted to access the community on multiple occasions without the statutory permission required under the Mental

Health Act as well as her being absent without leave not being appropriately reported or investigated

Response:

The above finding was explored carefully in Court. It was acknowledged that these gaps were contributed to by the omissions outlined in concern 2 above.

The Trust has set out clear expectations around daily leave risk assessment for mental health patients. These must be completed and documented by a registered clinician such as a nurse, occupational therapist, or social worker who evaluates the patient's current mental state and risk profile immediately before leave is taken. While the Responsible Clinician (usually the Consultant Psychiatrist) holds overall responsibility for authorising leave, the dynamic day-to-day assessment is carried out by registered ward clinicians, supported by the Nurse in Charge, who ensures these assessments are completed consistently and allocates tasks accordingly.

Again, there is a Trust expectation that all assessments, handovers, decisions and rationale related to leave must be accurately recorded in the patient's electronic clinical record.

To support these expectations a review has been undertaken to ensure a standardised approach across the Trust that clearly reiterates the roles and responsibilities involved in completing daily leave risk assessments. Details as regards when these reviews were undertaken are noted above.

The Trust will measure the effectiveness of its standardised approach to daily leave risk assessments across the entire Trust through the auditing of documentation quality, adherence to policy, and whether assessments are completed by the correct professional group.

Training uptake and competency sign-off, incident trends, and staff feedback on their clarity of roles will also provide important indicators that will be reviewed through the Care Unit Accountability Framework that has an Executive Chief Medical Officer as chair.

Where the Responsible Clinician (RC) makes a decision to rescind or amend a patient's Section 17 leave, this decision is communicated verbally to the nursing team at the earliest opportunity and is documented contemporaneously in the patient's clinical record. This decision may be made during a scheduled ward review or at any other time if clinically indicated.

Following the decision, the patient's care plan is updated to reflect the revised leave arrangements. The care plan forms part of the routine clinical handover process and is reviewed at both the commencement and conclusion of each nursing shift. Current Section 17 leave status and any restrictions are specifically discussed during these handovers to ensure that all members of the multidisciplinary team are aware of the patient's authorised leave arrangements.

The expectation is that leave is facilitated only in accordance with the Responsible Clinician's most recent documented decision and the current care plan. To strengthen the above expectations, Section 17 leave plans are discussed within handovers, MDT, ward reviews and also outcomes of the MDT/Reviews are circulated to the ward team via emails which will include regular updates and any changes to decisions and arrangements.

Concern 5) Datix forms were not completed when it became known that Ms Corrigan had accessed leave on multiple occasions which did not comply with the requirements of Section 17

Mental Health Act and leave had been rescinded by the Responsible Clinician due to Ms Corrigan's risks to herself.

Response:

Following on from the Action Plan documentation prepared for the Court, the Trust accepts that there were gaps in the completion of DATIX forms in respect of Ms Corrigan's care.

EPUT accepts that it is vital to ensure that staff are clear when it is appropriate to raise a DATIX. All staff have been DATIX trained, which includes registered and non-registered staff. The Trust correlates incidents and site logs with DATIX records as part of a daily audit in order to measure compliance with expected DATIX entries.

From 2024, the Trust introduced Datix dashboards for all care units that are overseen by the local leadership team. These dashboards provide immediate awareness of incidents identifying hot spots and trends. They allow for proactive rather than reactive management, helping to ensure that the "so what" question of, for example, high/low incident rates, is answered with concrete safety actions.

The Chief Nurse, chairs a weekly Emerging Incident Review (set up in 2025) with its primary role to move from reactive to proactive learning, ensuring that significant incidents are investigated promptly and that learning is shared across the Trust. This review group is attended by Service Leads and representatives of the patient safety team.

Concern 6) Ms Corrigan's Family was encouraged to privately fund psychoanalytic psychotherapy in the community without the knowledge or understanding that Ms Corrigan did not want to undergo this therapy. Expert evidence is that it was not appropriate in all the circumstances.

Response:

It is respectfully submitted that this concern relates more to a clinical judgement issue rather than a concern relating to future deaths. However it is accepted that colleagues should be reminded of the need to keep under consideration issues relating to capacity and consent around access to care. The findings set out in this Regulation 28 Report will be shared with services involved in Ms Corrigan's care.

Concern 7) There were known issues around the appropriate staff skills mix for the ward and an overreliance on preceptorship nurses.

Response: Please see our reply at point 3 above**.**

Concern 8) Changes implemented for section 17 leave and observations from paper to electronic records led to confusion and loss of visibility of key data useful for staff implementing the systems. Key senior staff were not consulted and there was no audit of efficacy of the change in systems.

Response:

The services now do not use paper records. Patient ward boards record the date and times of patients leaving for Section 17 leave with the exact expected return times. These Boards are reviewed each hour. Process changes now permit only the Nurse in Charge to sign S.17 records.

In terms of the processes around Section 17 leave, the key priority is to strike a balance between the therapeutic benefits of time spent away from hospital and the safety risks that might arise for the patient or the public. The S17 leave Policy applies to both voluntary patients and those detained under the Mental Health Act, with the latter requiring formal Section 17 approval from their Responsible Clinician.

Again, it remains strict practice that before any S17 leave is considered or agreed, staff will conduct ongoing risk assessments, review medication, and agree on a support plan.

The policy that is in place also provides guidance on responding to any deterioration in a patient's health.

The Trust will measure the effectiveness of its standardised approach to daily leave risk assessments across the entire Trust through the auditing of documentation quality, adherence to policy, and whether assessments are completed by the correct professional group.

I hope that I have provided some reassurances around the steps that we have taken to address the issues of concern contained within your report. We know there is an acute need to embed and effect change, hence we will monitor the above provisions to ensure these are contributing to our overall aim of keeping patents safe and delivering therapeutic care.

Please do let me know if you require any further information at this stage, including copies of any of the documents referred to above.

We understand that a copy of this reply will be shared with the family.

Yours sincerely

Interim Deputy CEO and Executive Chief People Officer