Freedom of Information Request

Reference Number: EPUT.FOI.19.1080
Date Received: 20 May 2019

Information Requested:

Can you please let me know how much money the Trust has spent in each year over the last five years on:

a.) legal representation for the trust at inquests
   1. 2018/19 = £23,800.13
   2. 2017/18 = £67,399.00
   3. 2016/17 = £21,928.05
   4. 2015/16 = £0.00
   5. 2014/15 = £5000

b.) legal representation for the trust at inquests in which the coroner found there were failings in the care delivered to a patient/service user by the trust
   1. 2018/19 = £5,066.15
   2. 2017/18 = £24,439.33
   3. 2016/17 = £10,000
   4. 2015/16 = nil
   5. 2014/15 = £5000

c.) legal representation for the trust at inquests in which the coroner issued a prevention of future deaths order with implications for the trust
   1. 2018/19 = £5,066.15
   2. 2017/18 = £24,439.33
   3. 2016/17 = £10,000
   4. 2015/16 = nil
   5. 2014/15 = £5000

*The Trust is unable to determine exact legal representation costs for cases where a claim has been raised post inquest as we do not record the information separately therefore these cases have been recorded as £5000 which is the cost limit for each inquest set by the Trust’s insurer NHS Resolution.

For b.) and c.) can you also please let me know any details of changes made by the trust following the findings from these inquests.

- For the Trust to regularly review and update policies and procedures relating to clinical decision making in light of learning from incidents to ensure that the polices in place continue to guide and support clinical decisions.
• For Trust policies to be brought before the relevant expert committees and governance groups for review and sign off prior to implementation
• The Trust will ensure that lessons learned are cascaded to operational groups for learning to be shared at directorate and team level
• That learning from serious incidents will inform policy making and consideration for any changes required will be fed through Trust wide Clinical Governance and Quality Subcommittee, Ligature Audit and other appropriate groups for consideration
• For the physical surroundings in patient’s bedrooms on the ward to be improved
• Consultation with young people on the ward and their families to get their input.
• Consultation with patient mother to obtain her input
• For the ward team to pass their recommendations to estates for capital / maintenance work to improve the bedroom environments
• For the PFD report and the RCA report to be shared with the lead provider for the Veteran’s service and NHS England to ensure learning is taken forward and embedded.
• For joint working between EPUT and the Veterans partner organisations to be strengthened:
  • Ongoing and regular liaison and communication on case work
  • Sharing of appropriate information by written and verbal communication, recorded in patient records
  • Attendance at appropriate groups meetings and forums to ensure any changes to practice are shared and understood
• For the Trust’s Community Mental Health Teams engagement with the Veteran’s service to be improved so that the Trust’s procedures are adequate in identifying service users known to the Veteran’s service and that these service users are supported by both NHS England and the Trusts Community Mental Health Teams
• Training sessions to be delivered by the TILS team to community teams to increase awareness
• Referral form to be used by GPs and nurses in prison and this to be widened – This is now used by entire prison staff in every department and other staff associated with care of prisoners
• Referral form to be used to make a full and direct referral for mental health assessment and care.
• In emergency, referrals to mental health to be taken by telephone but must be followed up using the form to make a written referral. Form to be available via prison’s IT system and paper copies to be available on all wings of the prison.
• Prison’s Security department to produce a ‘how to’ guide for submitting Intelligence Reports and this to be shared with all staff electronically and in hard copy. Senior manager to complete assurance check of Intelligence Reports to ensure appropriate actions taken
• Extra resources to be allocated to drug dog team, daily patrols, and presence of the police and dog team in order to reduce access to illegal substances. Methods of reducing access to illegal substances to be monitored and assessed through bi-weekly psychoactive substances meeting.
• Referrals from staff to psychosocial services to be made by email or telephone through a Phoenix Futures referral form – available electronically and in paper form on all wings.
• New system of assurance checks of case notes and guidance on recording information in more than one place

NB. EPUT no longer provides healthcare services to prisons.
Publication Scheme:

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT’s Publication Scheme is located on its Website at the following link https://eput.nhs.uk/