

**ADULT & COMMUNITY
POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

Minutes of the Meeting held on 30th November 2009

Present

Councillor Judi Ellis (Chairman)
Councillors Roger Charsley, Nicholas Bennett, Charles Rideout
and Councillor Karen Roberts.

Shirley Burrows

Also present

Members of the Public Protection and Safety PDS Committee:

Councillors Tim Stevens JP, Ruth Bennett, John Canvin, Alexa Michael,
Harry Stranger and Stephen Wells.

Terry Belcher, Howard Clark and Cora Green

Councillor Colin Bloom, PPS Portfolio Holder
Councillor Pauline Tunnicliffe

74 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Carole Hubbard,
Councillor Brenda Thompson, Barbara Langridge, Leslie Marks and Gill Rose.
Shirley Burrows attended as an alternate for Barbara Langridge.

75 DECLARATIONS OF INTEREST

Councillor Judi Ellis declared a Personal Interest at Item 4 as her
daughter worked for the South London and Maudsley NHS Foundation Trust.
Councillor Roger Charsley declared a Personal Interest as an Associate
Member of the South London and Maudsley NHS Foundation Trust.

**76 QUESTIONS FROM MEMBERS OF THE PUBLIC ATTENDING
THE MEETING**

There were no questions.

**77 WITNESS SESSION: SECURITY AT BETHLEM ROYAL
HOSPITAL**

Members of the Public Protection and Safety PDS Committee (as
recorded above) were present for this item concerning an incident involving
the absconding of a patient from care whilst on escorted leave at West
Wickham. Representatives of the South London and Maudsley NHS
Foundation Trust attended for this item to make a statement and respond to

questions from Members of both Committees. The representatives attending were Professor Hilary McCallion, Director of Nursing and Education (and a member of the Trust Board), Patrick Gillespie, Service Director, and Professor Tom Fahy, Clinical Director of the Service. Detective Chief Inspector Chris Smart was also in attendance for this item representing the Borough Commander.

At the start of the item a statement was read in which an apology was made on behalf of the Trust for the incident. The statement emphasised that the Trust took public safety seriously and included reference to a duty of confidentiality for the details of patient care. Members were advised that leave was part of the treatment programme and no leave was authorised without full assessment. Patients whose mental state was not stable were not granted leave. The outcome of investigations would be ready within the next few weeks and the Trust would value the opportunity of returning to discuss consequent recommendations.

The Public Protection and Safety PDS Chairman thanked the Trust representatives for the statement. He explained that the incident had been a grave concern to residents. The Portfolio Holder also referred to concerns for residents living around the hospital and in the West Wickham area. It was important to be satisfied that all was being done that could be done and that lapses would not be repeated.

Responding to a question from a local ward Member, Councillor Nicholas Bennett, Professor McCallion explained that the Trust felt that it was appropriate for herself, Patrick Gillespie and Professor Tom Fahy to attend the meeting rather than the Trust's Chief Executive. When asked why independent persons were not asked to conduct the investigations, Members were advised that the process and conclusions of the Trust's review would be shared with the Council's Director of Adult and Community Services and that the Ministry of Justice would also be investigating. Councillor Bennett also enquired why it was that he had only heard of the incident via radio news on the Saturday afternoon and noted that there appeared to be no reference to the incident on the Trust's website. He also enquired how it was possible for the escape to have happened in West Wickham high street.

Members were advised that there was an escalation service in response to such incidents with co-ordination undertaken by the police who accordingly responded and alerted the public. Members were advised by DCI Smart that a decision was made on the Saturday morning to give as much press coverage as possible to the incident to help the investigation. There was a balance between helping the investigation in this way and informing local leaders. On being asked why it was necessary to wait until the Saturday morning to raise an alert, DCI Smart explained that medication and treatment deemed the patient a lower risk but as the patient had not been recovered on the Friday evening the alert decision was taken on the Saturday morning. At that time there were five other people at large considered by the police to be of more risk to the public. DCI Smart later confirmed that the Police had a

very good working relationship with the Trust and a constructive meeting had been held the previous week.

A further enquiry was made about security arrangements and reference was made to risk assessment, treatment and benefits for leave. Councillor Karen Roberts felt that it would have been helpful for Members in neighbouring wards to have been notified of the incident - it was necessary to be able to re-assure the local community – and there was a need for good communications. Councillor Roberts also enquired of the next steps and safeguards that would put in place to cut back on risk. Patrick Gillespie explained that the Trust was happy to meet residents and show facilities and services. Policy and procedures were being reviewed – in some cases jointly with the police – and reference was made to the piloting of a tagging system. The Public Protection and Safety PDS Chairman also spoke of the need for informing Members and Members were advised that comments made would be taken back and considered.

The Chairman of the Adult and Community PDS Committee enquired about medication and Members were advised that the Ministry of Justice would not grant permission for leave if a patient had stopped taking medication and there was a consequent risk to the public. Another Member enquired of the criteria and safeguards used to allow patients into the community. She emphasised that measures need to be in place to ensure there was less risk of a similar incident happening in the future. Members were informed of the Trust's overriding concern for public safety; if a patient was deemed to be a risk to the public then the patient would not be allowed leave. There was a gradual process involving inter-disciplinary consultations leading to a point when decisions on leave could be taken.

The Portfolio Holder expressed his regret that neither the Chairman nor the Chief Executive of the Trust was in attendance at the meeting. He referred to the importance of the Committee as a key scrutiny body. He also referred to the Council's drive to reduce the fear of crime and sought assurances that measures would be taken imminently to ensure that a similar incident would not re-occur in the near future. Further reference was made in response to reviewing competences and procedures and a review of patients' risk assessments.

The Portfolio Holder also asked for democratically elected oversight of the Trust's review and whether the Trust would be prepared to attend the Committee's meeting on 17th March to present findings and the outcome of its tagging pilot. Members were advised that the Trust would welcome meeting with local residents and within an "open-house" environment would be prepared to show Councillors checks and balances applied by the Trust. Confirmation was also given that the Trust would attend the Public Protection and Safety PDS Committee meeting on 17th March 2009.

In response to a call for the Trust's investigation report to be made public reference was made to the publication of recommendations and findings but recognition of the need for patient confidentiality. Councillor

Bennett accepted the need for patient confidentiality but felt that more should be in the public domain e.g. what was conveyed to the Ministry of Justice. He felt that members of the public should be able to see a full report. Members were advised that aspects such as risk assessment in clinical information could not be in the public domain. The Chairman of the Adult and Community PDS Committee felt that it was the process which would be helpful to know about suggesting that it was this that should be made public.

The meeting ended at approximately 8.40 pm.

Chairman