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20 August 2009

Dear Ms Speers

**FREEDOM OF INFORMATION ACT (FOIA): REQUEST FOR INTERNAL REVIEW:
DH CASE REFS: 401847; 406900; 428130: 428129**

Thank you for your emails dated 27 & 30 March in which you requested an internal review of your previous correspondence concerning the health service circular HSG (94) 27. I apologise for the delay in responding to you.

You requested in your email dated 27 March:

“Specifically, 1) I would like to know what is the Department of Health’s expressed intention for HSG (94) 27 as an amendment to previous DH guidance? 2) How is the amended guidance intended to be interpreted by Strategic Health Authorities? 3) How does the DH ensure clarity of interpretation matches the guidance intention?”

You subsequently wrote again on 30 March:

“As the response information I have received from DH is contra to the information I have received from the Strategic Health Authority. I am now trying to fully clarify the specific points of HSG (94)27, which I believe are causing the confusion of intention of purpose. As I see things either the SHA are not fully implementing this particular HSG or DH are not fully aware of the potential misunderstandings of the HSG amendment's intention. “

On the points you raised in your email dated 27 March as set out above. Your email followed Dominic Ward’s letter to you dated 6 March in which he had explained the Department of Health’s position on these points outside of the provisions of the Freedom of Information Act (FOIA), but from a policy perspective.

You wrote again on 6 June about a wide range of issues on suicide prevention policy, including the HSG (94) 27 in which you explained:

“1) I understand that HSG(94)27 was specifically amended to ensure that all access criteria for Independent Investigation into Adverse Incidents in Mental Health service were clearly understood. What was Dept of Health intention with specific reference to #3 in

HSG(94)27 and can I have a copy of the HSG guidance on HSG(94)27?

2) How many times since the HSG (94)27 amendment, has #3 access criteria on 'suicide clusters' as being possible indicators of significant system failure" been used?

3) If Suicide and injury of undetermined intent mortality rate is one of the NHS Vital Signs and is set as a national priority for local delivery but is due to be fully withdrawn by 2011, then what replaces this national and local priority?"

The Department of Health wrote to you again on 9 July to explain that

"The revision to the section of HSG (94)27 on adverse event inquiries aimed to give additional guidance on the circumstances in which an independent investigation might be appropriate and also on the processes for establishing such an investigation. HSG (94)27 confirms: "Where the SHA determines that an adverse event warrants independent investigation, for example if there is concern that an event may represent significant systemic service failure, such as a cluster of suicides." I can confirm that HSG (94)27 is in the public domain, and that it is on the DH website, along with the amendment document:

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH_4104914

Further information regarding inquiries after homicides or suicides is also available from the National Patient Safety Agency website:

<http://www.npsa.nhs.uk>

This information is given in accordance with S21 of FOIA, which enables us to refer requestors directly to information, which is reasonably accessible to them by other means. Turning to your enquiry about how many times since the HSG (94)27 amendment, has #3 access criteria on 'suicide clusters' as being possible indicators of significant system failure" been used, - the department does not routinely collect copies of independent investigation reports or information on the commissioning of such reports. We therefore do not hold data on how many reports have been commissioned into clusters of suicide.

We understand the rest of your enquiry to fall outside the terms of FOIA, in that it cannot be answered from recorded information. However, given that the issues which you raise here have been fully covered by the Department in previous correspondence, I can confirm that we can add nothing to the information which has been previously given.

I am sorry to be unable to be more helpful."

The internal review into the handling of your previous correspondence is complete.

I can confirm that it is for Strategic Health Authorities, Trusts and Primary Care Trusts to interpret the HSG (94) 27 circular & accompanying guidance locally, taking into account any other circumstances as appropriate.

Turning to your question "If Suicide and injury of undetermined intent mortality rate is one of the NHS Vital Signs and is set as a national priority for local delivery but is due to be fully withdrawn by 2011, then what replaces this national and local priority?" There are no plans to develop a further suicide prevention strategy for England. The current target runs to 2011 but suicide prevention will remain a vital aim for public health and mental health services. The infrastructure remains in place for coordinated suicide prevention measures to continue to be taken in partnership with other agencies at local and national level.

I should re-iterate what we had explained in our 9 July letter (as above) in that the rest of your enquiry falls outside the terms of FOIA, and that it cannot be answered from *recorded* information. However, given that the issues you raise have been covered by the Department in previous correspondence, I can confirm that we can add nothing more to the information, which has been previously given.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by the Department. The ICO can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Yours sincerely,

TONY DOOLE
Senior Casework Officer
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