

**PRIVATE & CONFIDENTIAL**

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Date: 23 October 2014

Our Ref: [REDACTED]  
Your Ref:

DX 6550106 READING 90 RG

Dear Mr Bedford

**Re: Regulation 28 response in the matter of SC (Deceased)**

The Trust has investigated and acted upon your concerns as set out in the Regulation 28 report to prevent future deaths dated 10 July 2014.

**Coroner's concerns**

1. The chain of command within the British Transport Police have broken unacceptably leading to only one police officer responsible for detaining SC.
2. There was insufficient knowledge and understanding amongst members of the Psychiatric Liaison Service and the Royal Berkshire Hospital as regards the interagency joined working protocol for the management of mental health Thames Valley area.
3. There was a lack of joint working amongst the British Transport Police, Royal Berkshire Hospital and Psychiatric Liaison Service staff members to ensure that SC was safe and the high risk of him self-harming addressed promptly. There was a lack of appreciation amongst the Psychiatric Liaison Service, Royal Berkshire Hospital staff and British Transport Police as the importance of contacting an approved mental health professional promptly to arrange a Mental Health Act assessment.

**Interagency meeting on 24 September 2014**

In order to address the coroner's concerns, there was a meeting at the Royal Berkshire Hospital in Reading. In attendance were the following:

- [REDACTED] – Director of Nursing, Royal Berkshire NHS Foundation Trust, Corporate Safeguarding Lead.
- [REDACTED] – Berkshirehealthcare NHS Foundation Trust
- [REDACTED] – Royal Berkshire NHS Foundation Trust, Mental Health Coordinator

- [REDACTED] – Nurse Manager, Psychological Medicine Service, Berkshirehealthcare NHS Foundation Trust
- [REDACTED] – Inspector, British Transport Police
- [REDACTED] – Approved Mental Health Practitioner (AMHP), Reading
- [REDACTED] – Consultant in the Psychological Medicine Service, Berkshirehealthcare NHS Foundation Trust
- [REDACTED] – Consultant in the A&E Department, Royal Berkshire NHS Foundation Trust
- [REDACTED] – Consultant in the A&E Department, Royal Berkshire NHS Foundation Trust
- [REDACTED] – Berkshirehealthcare NHS Foundation Trust
- [REDACTED] – Matron in the A&E Department, Royal Berkshire NHS Foundation Trust

The meeting was held to discuss the concerns raised by the coroner. With regards the first area of concern, this is within the control of the British Transport Police and so we did not discuss it in any depth. We understand a separate response has been sent.

At the inquest into SC's death on 1 July 2014 (the inquest), the coroner identified concerns regarding an interagency protocol in use at the time. The protocol addresses a number of areas of inter-agency interaction with mental Health patients in the Thames Valley. It contains guidance on the management of section 136 patients under the Mental Health Act 1983 which was the area of concern identified at the inquest.

A revised version of the protocol is currently being finalised by Thames Valley Police under the supervision of [REDACTED] Inspector, Thames Valley Police, and Mental Health Lead. [REDACTED], Mental Health Act Administrator, is also assisting with the revision of the protocol. The intention is for the protocol to be clearer and easier to understand/navigate so that the agencies can work together more effectively and are able to identify their individual roles with regards patients who are admitted to the Trust under Section 136 of the Mental Health Act 1983.

There will be a consultation with all of the key members of the agencies including the senior A&E consultants at the Royal Berkshire Hospital, [REDACTED] (mental health co-ordinator at the Trust) and the Psychological Medicine Service (PMS). After the consultation the agencies will be required to sign the protocol.

There will also be implementation of a training programme which again will be open to all of the agencies that sign up to the protocol. British Transport Police are unable to sign local protocols because they are a national force but they have agreed to abide by it.

The Royal Berkshire Hospital has drafted a flowchart to make the A&E staff more aware of the steps that need to be taken in relation to Section 136 patients who are admitted to the accident and emergency department (A&E).

At the meeting two classes of patients were identified. There are the patients who are admitted under Section 136 and who are only intended to be at the Trust for acute medical care for a very short period of time but then will be transferred to a place of safety such as Prospect Park Hospital and those like

SC who need prolonged medical care and therefore are likely to be admitted under the Trust's care or transferred to another acute Trust.

During the meeting one of the things which was identified as causing a difficulty and which may have caused a difficulty when SC was admitted to the Trust was that there are six areas in the Reading area who all have separate AMHPs. This complicates the process in that the individual informing the AMHP of the need for their assistance when a Section 136 patient is identified is complicated by the fact that the individual concerned needs to be able to identify where the individual patient was when the Section 136 was applied. Depending on where they were physically at the time, a different AMHP might be contacted. This causes some confusion in the system.

The flowchart will provide the A&E staff with a clear picture of the questions that they need to ask when the Section 136 patient is admitted, in order to identify the appropriate AMHP so that they can attend as quickly as possible which is not what happened in the case of SC. The contact numbers for the 6 different areas will be included and the Trust will adopt the Section 136 monitoring form used by the Mental Health Services.

There was also an agreement between all of the agencies that there should be closer working together with shared information and assessment forms so that the process works much more safely in the future.

**Steps taken to address the individual concerns of the coroner are as follows:**

1. In relation to the concern that there was insufficient knowledge and understanding amongst members of the Psychiatric Liaison Service and the Royal Berkshire Hospital with regards the interagency working protocol for the management of mental health in the Thames Valley area, an interagency meeting was held on 24 September 2014 to identify the gaps in the various agencies' knowledge and understanding with a plan put in place to revise the current protocol and to hold a consultation. The protocol will be sent to all senior staff involved in crisis management of these patients and there will be training in the use of the protocol for all of the agencies.
2. The trust has a flowchart which identifies the steps that need to be taken from the point of admission to A&E and identifies the role of the psychological medicine service (PMS) at the Trust who will advise A&E on the management of the patient in the A&E Department. They will also check that AMHP has been called which was a particular area of concern.
3. The concern that there was a lack of joint working amongst the British Transport Police, Royal Berkshire Hospital and Psychiatric Liaison Service staff members has been addressed by putting in place a series of meetings between all the agencies involved and consulting over a revised version of the protocol which will then be sent to all senior members of each agency. It will be sent to all those involved in crisis care. There will be training on the use of the protocol for all of the agencies who are to sign it including British Transport Police.
4. The lack of understanding as to the process and whose responsibility it is to call the AMHP will be addressed in three ways. The first is the amendment to the interagency protocol and that is in an advanced state and will be sent for consultation at the beginning of November 2014. There will be training across all of the agencies involved including Thames Valley Police, the Royal Berkshire NHS Foundation Trust (A&E and Psychiatric Liaison Teams), the British Transport Police and AMHPs in the Berkshire area. The Trust has drafted a flowchart that will be displayed prominently in the A&E department and will identify the process from admission of a patient under a Section 136 to the A&E department to informing the AMHP and arranging for

the patient to be assessed with either admission to the Trust with support from PMS or a transfer to a place of safety e.g. Prospect Park Hospital. The flowchart has been finalised and approved by the A&E Clinical Governance Team. The Royal Berkshire NHS Foundation Trust has also adopted the assessment forms for Section 136 monitoring from the mental health Trust so that the key information is gathered on admission and the nursing staff are able to identify whether the AMHP has been informed of the need for assessment at an early stage. There will be a further check made by the PMS who will advise the A&E staff regarding the management of the Section 136 patient in the A&E Department. PMS will also check whether the AMHP has been contacted. Copies of the assessment form for Section 136 will be sent to the RBH Mental Health Coordinator so that care can be audited.

5. There is to be an emphasis on the importance of contacting an AMHP promptly which will be communicated to all A&E staff and all A&E staff will be aware that they must assume responsibility for calling the AMHP and/or for checking that they have been contacted and that they understand an urgent need to assess the Section 136 patient at the Trust as quickly as possible. This is also one of the actions included on the flowchart which requires a senior member of staff in A&E to ensure the AMHP has been contacted.

#### **The timetable**


The timetable for the above steps depends on the date when the amended protocol will be available and will be sent out to consultation. We are advised that it will be completed and ready for consultation at the beginning of November 2014.


In the meantime, the Royal Berkshire NHS Foundation Trust has finalised and approved a flowchart that will be prominently displayed in the A&E department. It is intended that the flowchart will be in place in the A&E department before 26 November 2014 and that staff will have received training with regards use of the flow chart and the s136 monitoring forms by the end of November 2014.

In the meantime, the two senior consultants from the A&E department, [REDACTED] and the Matron [REDACTED] attended the inter-agency meeting at the Trust on 24 September and have taken the message back to the A&E department that there should be liaison with the PMS at the Trust who, although they will not take responsibility for the patient, will advise on their management and contacting the AMHP if that has not already been done. There is therefore a mechanism whereby the A&E staff will be aware that it is their responsibility to check that the AMHP has been contacted and if for any reason it is not done for the PMS to make sure that contact is made at the earliest opportunity.

In summary, the interagency protocol has been finalised and will be sent out to all the agencies involved for consultation at the beginning of November 2014. There has been a meeting between all of the relevant agencies and another meeting is planned to discuss the revised protocol with training for staff involved in crisis management to follow.

The A&E department has a flowchart which has been drafted in consultation with PMS and which makes it clear that an AMHP needs to be called by a senior member of the A&E staff and that PMS should be contacted to advise on management of the patient in A&E. The chart includes the numbers of the 6 AMHPs in the Reading area and will be displayed prominently in A&E from 26 November 2014 at the latest. The Trust have adopted the Berkshire NHS Trust's Section 136 monitoring forms which will encourage a consistent approach. They are to be used in conjunction with the flowchart and also include the information that is needed on admission including whether the AMHP has already been contacted.

If the coroner has any queries regarding the Trust's response please contact 

  
Yours sincerely,



  
Medical Director

Cc: The Chief Coroner