VERONICA HAMILTON-DEELEY, LL.B.
Her Majesty's Senior Coroner
for the City of Brighton & Hove

Assistant Coroners

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**CORONERS SOCIETY OF ENGLAND AND WALES**

**ANNEX A**

# REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

*NOTE: This form is to be used* ***after*** *an inquest.*

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| | **REGULATION 28 REPORT TO PREVENT FUTURE DEATHS**<br><br>**THIS REPORT IS BEING SENT TO:**<br><br>1. **Mr. Colm Donaghy, Chief Executive, Sussex Partnership NHS Foundation Trust**<br>2. **[REDACTED] Legal Support Manager, Sussex Parternship NHS Foundation Trust** |
| 1 | **CORONER**<br><br>I am Veronica HAMILTON-DEELEY, Senior Coroner, for the City of Brighton and Hove |
| 2 | **CORONER'S LEGAL POWERS**<br><br>I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. |
| 3 | **INVESTIGATION and INQUEST**<br><br>On 26th May 2015 I commenced an investigation into the death of Alice MEAD. The investigation concluded at the end of the inquest on26th May 2015. The conclusion of the inquest was **SHE TOOK HER OWN LIFE** |
| 4 | **CIRCUMSTANCES OF THE DEATH**<br><br>See Record of Inquest (attached) |

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| 5 | **CORONER'S CONCERNS**<br><br>During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.<br><br>Alice was known to the Mental Health Services, both as an inpatient and as needing care from community services. She was looked after using the Care Programme Approach.<br><br>Three serious failings in her care were identified at her Inquest. It was not possible to say that they were directly contributory to her death at the time (i.e. on the 20th January 2015) but, they have raised sufficient concern with me.<br><br>The **MATTERS OF CONCERN** are as follows<br><br>(1) When her Care Co-ordinator left the Trust she was not replaced so Alice was left without one of the corner stones of the Care Programme Approach. Although later a Multi-Disciplinary Team meeting decided she should have a Care Co-ordinator, no action was taken to appoint one.<br><br>(2) In spite of Alice calling the Brighton Urgent Response Service twice in December 2014 asking for a medication review and explaining she was not taking her mental health medications, no action was taken to keep her informed of discussions within the Mental Health Service. In particular her request for a medical review was discussed with her Consultant Psychiatrist and he apparently took the view that it was not necessary (poorly documented). Since there was no discussion with Alice, from her point of view, there was a lacuna in her care at a time when she was especially vulnerable, which lasted for several weeks.<br><br>(3) Action, if it can be described as action, was only taken when Alice's young son's Heath Visitor wrote of her urgent concerns about Alice in good detailed e-mails sent to Alice's GP and to the Community Mental Health Team on the evening of the 15th January. It was clear that the Mental Health Team should react. Their response was to phone Alice on the 16th and make an appointment to see her on the 28th January.<br>This "hands off" approach to a known vulnerable patient is unacceptable. The patient should be at the heart of Care Programme Approach care (indeed any care). |
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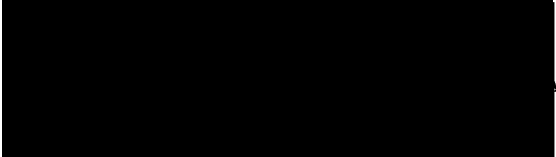

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| | (4) There was no evidence that Alice's risk assessment was reviewed and updated during December 2014 or January 2015. If it was, such reviews should have been documented in accordance with the Care Programme Approach. They were not |
| 6 | **ACTION SHOULD BE TAKEN**<br><br>In my opinion action should be taken to prevent future deaths and I believe you AND your organisation have the power to take such action. |
| 7 | **YOUR RESPONSE**<br><br>You are under a duty to respond to this report within 56 days of the date of this report, namely by 11th September 2015. I, the coroner may extend the period.<br><br>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed. |
| 8 | **COPIES and PUBLICATION**<br><br>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons<br><br>1. [redacted]<br>2. [redacted]<br>3. Secretary of State for Health, Department of Health<br>4. [redacted] – Chief Executive NHS England<br>5. National Patient Safety Agency<br>6. [redacted] Health Visitor<br><br>I have also sent it to:-<br><br>1. [redacted] Director of Public Health, Brighton & Hove Clinical Commissioning Group<br>2. [redacted] Director of Clinical Quality and Primary Care, Brighton & Hove Clinical Commissioning Group<br><br>Who may find it useful or of interest. |

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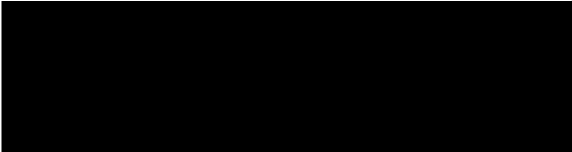

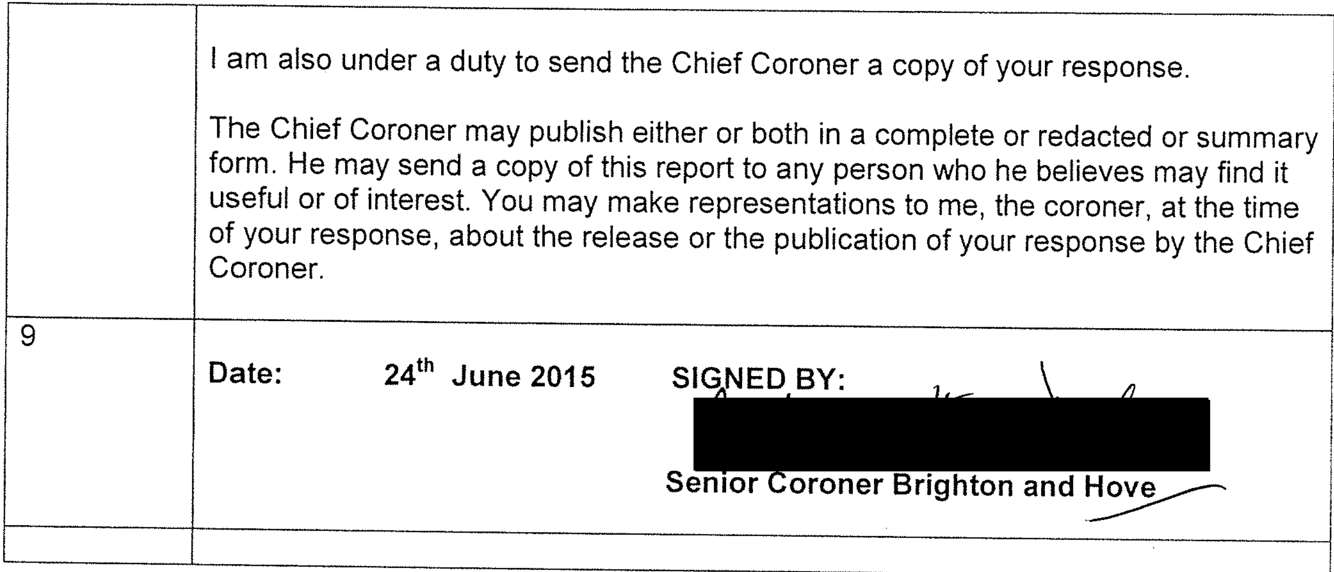

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| | I am also under a duty to send the Chief Coroner a copy of your response.<br><br>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner. |
| 9 | **Date:** **24th June 2015** **SIGNED BY:**<br><br>**Senior Coroner Brighton and Hove** |
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