

Ref: [REDACTED]

9 May 2016

Mr G Short
Senior Coroner for Central Hampshire
Castle Hill
The Castle
Winchester
SO23 8UL

Trust Headquarters
7 Sterne Road
Tatchbury Mount
Calmore
Southampton
SO40 2RZ

Tel: [REDACTED]
Fax: [REDACTED]
Direct Line: [REDACTED]

Dear Sir

Regulation 28 Report – Anna Mary Macfie Masson

I write further to the above issued on 15 March 2016, following the conclusion of the inquest into the death of Anna Masson.

I note your areas of concerns, which I will address in turn, are as follows:

- 1. I received the Trust's Root Cause Analysis Report relating to the treatment of routine referrals by general practitioners which disclosed a recently introduced screening pathway process. The evidence showed that screening potential service users is conducted by relatively junior members of staff and my concern is whether this process is robust enough to identify those who need urgent treatment.*

As part of the work identified during the investigation into the death of Mrs Masson, and following receipt of the Regulation 28 report the Trust has looked at the screening processes in all Adult Community Mental Health Teams (CMHT) and has identified that there is some variation across the Trust in terms of their screening processes. Consequently we have been working to review the CMHT Standard Operating Procedure (SOP) to ensure that a standard process is followed consistently across in all teams in the future to ensure the skill and expertise of those staff undertaking the screening is appropriate and that all decisions are agreed via a multi-disciplinary team discussion.

Following completion of work to standardise the process we will undertake a randomised audit across the CMHTs to ensure governance around the screening process. We anticipate that this will be completed in September 2016.

- 2. It was unclear from the evidence given whether the screening pathway applied only to the community mental health team or across all equivalent teams employed by the Trust. I consider there should be a consistent practise in all teams.*

I can confirm that the same approach in terms of the screening pathway will apply across all Adult Community Mental Health Teams as they currently already do within Older Persons Mental Health Teams.

This process will also give clarity to the expectation as to when a patient will be seen, dependent on the assessment of the referral. The detail of this is below:

- I. Urgent referrals: Screened within four hours, seen within 24 hours
- II. Soon referrals: Screened within 1 day, seen within 10 days
- III. Routine referrals: Screened with 2 days, seen with 7 weeks.

Any referrals that are deemed urgent will be sent on to the Acute Mental Health Teams for urgent prioritisation as per the adult mental health pathway. This process was followed with Mrs Masson.

Yours sincerely

A handwritten signature in black ink, appearing to read 'KPER', with a long horizontal flourish extending to the right.

Katrina Percy
Chief Executive

Encs.