

[REDACTED] Cadeirydd / Chair
Ffon / Phone: [REDACTED]
E-bost / Email: [REDACTED]
Carol Shillabeer, Y Prif Weithredwr Dros Dro /
Chief Executive
Ffon / Phone: [REDACTED]
E-bost / Email: [REDACTED]



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Powys Teaching
Health Board

Our Ref: WM/LC/GRT(WEB28778)
Your Ref: AB/CE/3-2016

1 July 2016

Mr Andrew Barkley
HM Senior Coroner
South Wales Central Area
Rock Grounds
First Floor
Aberdare
CF44 7AE

Dear Mr Barkley

Re: Regulation 28: Report to Prevent Future Deaths

Thank you for your letter of the 11 May 2016, received 18 May 2016, issuing a Regulation 28 form in respect of the death of Gillian Rose Taylor.

I note the matters of concern that you have identified through the course of the inquest and that, in your opinion, you felt there was a risk that future deaths would occur unless action was taken.

In summary, having considered the matters you have raised, we have taken action as described below to put in place robust, high quality, safe services for our Powys population. As you will read, these actions are continuing reflecting the current work within Powys Teaching Local Health Board to repatriate adult mental health services.

In responding to the matters of concern that you have raised, I have outlined below my responses to the four areas you have identified:

- (1) There is no acute facility in Powys for the treatment of acutely unwell patients, which, the evidence showed, often leads to patients being moved the length and breadth of the country to an establishment where a bed can be found. The evidence also showed that the local acute unit at Redwood Centre in Shrewsbury had recently experienced a significant reduction in the number of acute beds available compounding and exacerbating the problem.***

It is important to clarify that there is acute adult mental health provision within Powys in addition to the services we commission from other providers close to our borders.

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Prior to the 1 December 2015, four different health boards were responsible for the 48 adult mental health beds in Powys hospitals. These beds include the Felindre ward on the Bronllys Hospital site, which is an acute adult mental health unit. In addition Crisis Resolution Home Treatment Teams (CRHTT) are in place within Powys which provide evidence based hospital level care at home.

In North Powys, in addition to the services above, in-patient mental health services for Powys residents are also commissioned at Wrexham Maelor Hospital, Redwoods in Shrewsbury and independent sector hospitals. We also commission individual in patient beds at the independent hospital at Phoenix House which is geographically within Powys.

As Powys is one of the most sparsely populated counties in England and Wales it is not possible to provide the full range of specialised in-patient services here. It is clear that PTHB would not be able to comply with all the requirements of the Royal College of Psychiatry needed to run some specialised services safely.

In 2014 detailed work was undertaken with clinicians to work through some of the difficulties being experienced in North Powys, where services were being managed by Betsi Cadwaladr University Health Board. Montgomeryshire was found to have much higher levels of admission than would be expected for the population using national benchmarks for England and Wales. On a daily basis it was found that Montgomeryshire should have access to about 12 mental health beds for older people and about 12 for working age adults. At the time as the graphs show it was admitting about 35 patients. It must be emphasised that benchmarks are not a "cap" or a "target". Benchmarks just help show how the service compares to others across England and Wales. Admissions are based on assessment of clinical need.

A series of steps was taken. This involved establishing a fully functioning CRHTT which reduced the need for admissions out of county. Weekly discussions were put in place between Redwoods and local services to help get patients admitted to Redwoods when needed. Additional funding was allocated to the local service in Montgomeryshire, including for additional care co-ordination to help address out of county admissions. This was monitored on a weekly basis. The graphs attached at Appendix 1 (enclosed) show that the difficulties with admission significantly reduced for a sustained period. As the second graph indicates, acute admissions had been falling during October 2015 although they started to rise during November. In the same period in South Powys there were vacancies on Clywedog Ward in Llandrindod Wells Hospital (run by Aneurin Bevan University Health Board (ABUHB)) which can admit older adults with functional mental illness.

The management of adult mental health services in Montgomeryshire and Ystradgynlais has now transferred back to PTHB. It is hoped that the acute unit in South Powys will return to Powys management in the Autumn 2016. However this depends on securing permanent medical staff to fill vacant posts, the latter relating to a recruitment issue and not a funding issue.

(2) As a consequence of 1 above there is often a lack of continuity of treatment which can be to the detriment of the patient concerned.

(3) The evidence showed that, on balance, it is likely that the experience of being sectioned in these circumstances had an adverse effect upon Mrs Taylor which fuelled an unwillingness, on her part, to engage with Mental Health professionals thereby increasing her risk of self harm/ suicide.

As explained above additional funding was provided to strengthen care co-ordination. A Crisis Resolution Home Treatment Team was also implemented providing acute hospital level care at home with which Mrs Taylor engaged. Mrs Taylor would have had a statutory care co-ordinator and care and treatment plan under the Mental Health (Wales) Measure 2010. As set out in Paragraph 3.19 of the *Code of Practice to Parts 2 and 3 of the Mental Health (Wales) Measure 2010* it is not necessary to change the care co-ordinator when a patient is admitted to hospital.

We acknowledge that when a North Powys patient is admitted out of area this can be disruptive for both patient and their family, and prior to admission out of county we seek to explore every in county treatment option first. We continue to commission inpatient provision in the Redwoods centre, however across the UK access to specialist beds is limited and unfortunately we share the same challenges in securing in patient beds close to home as many of our neighbouring Health Boards.

We regret that at the time of Mrs Taylor's detention under the Mental Health Act that the nearest bed available to meet her needs was in Bristol, however a detailed assessment of Mrs Taylor's mental health care needs determined that the safest care option was to detain her (under the Mental Health Act). At the time of her detention, had a suitable placement been available more locally, this would have been commissioned.

Our work to repatriate Mental Health Service to direct delivery by Powys Teaching Health Board will directly improve our ability to admit and treat more patients within Powys, and it is our expectation that in future significantly fewer Powys residents will be treated out of county for their mental health care needs.

(4) It is believed that Powys Health Board is the only Health Board in the country that has no facility available to it for the treatment of acute admission patients in the position of Mrs Taylor.

I have answered Question 4 above as part of Question 1.

To aid your further understanding of this information I have provided the key graphs with regard to admission and a summary of mental health services in Powys (Attachment 1). I hope this information provides you assurance that we are working towards appropriate pathways of care for Powys residents requiring mental health care.

We wish to formally offer our sincere condolences to Mrs Taylor's family and we continue to repeat our offers of support to her family as they continue to adjust to life without her.

If you have any further questions, please do not hesitate to contact me.

Yours sincerely



Carol Shillabeer
Chief Executive