

██████████
21st January 2022

Andrew Cox
Senior Coroner

██████████
Medical Director
Head Office
Carew House
Beacon Technology Park
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Bodmin
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Dear Mr Cox

Regulation 28 - Prevention of Future Deaths report following the inquest into the death of Ms Emma Burbury (concluded 9 November 2021)

Cornwall Partnership NHS Foundation Trust (the Trust) noted the Regulation 28 Report issued to Cornwall Council and Kernow Clinical Commissioning Group (NHS Kernow) following the Inquest into the death of Ms Burbury.

I would first like to offer my sincere condolences to Ms Burbury's family and to say that I am truly sorry for their loss. Every death in these circumstances is such a tragic experience for a family. The implementation of learning from this is an absolute priority for me and for the Trust.

The Trust would appreciate the opportunity to contribute to responding to the concerns that you have raised and I have discussed these with the Trust's Associate Director for Community Mental Health Services, and the Trust's Chief Information Officer. I set out below the Trust's response to the matters you have raised.

Dual Diagnosis Policy

The Trust has engaged with partner agencies in contributing to the implementation of the systemwide Cornwall and Isle of Scilly Dual Diagnosis Strategy (Adults) 2019 to 2022. The purpose of this strategy is to improve the delivery and experience of services for people with co-existing mental health, alcohol and drug problems; and recognises that these vulnerabilities do not exist in isolation, and that residents affected, will also have other associated complex needs, which require integrated, co-ordinated and consistently collaborative working.

Having recently 'signed-up' to this strategy, the Trust is fully committed to its delivery across all services and are active members of the Cornwall Council led multi-agency steering group. The Trust is currently planning "what this means to me" workshops to support patient facing staff groups embed the principles of the strategy into their clinical practice and this is regularly reviewed as part of the directorate's Clinical Quality Assurance Group.

Additionally, the Trust's Medical Director and Associate Director for Community Mental Health Services are keen to work closely with We Are With You (WAWY) colleagues in implementing the principles of the strategy across both services.

Cornwall Partnership NHS Foundation Trust is committed to improving the health and wellbeing of patients, carers, staff and visitors and operates a Smokefree Policy. This means smoking is prohibited in all Trust premises ie buildings, grounds and vehicles. If you are a smoker ask any member of staff for free support.

We are a research active trust, to get involved in a research project, please email cpn-tr.CFTresearch@nhs.net

For information on mental health medication visit choiceandmedication.org/cornwall

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Access to Medical Records

There are clearly benefits to partner agencies accessing an individual's health record and, in addition to the National Record Locator project led by NHS Digital, the Trust is currently working on the Shared Care Record project, for which phase one trials commence in the spring of 2022.

A shared care record is a collection of patient information, stored in one area, that care providers both contribute to and have access to, giving a full picture of those in their care. Care providers that typically contribute to a shared care record include GPs, hospitals, community and mental health trusts and social care providers. By implementing a shared care record, professionals have all the information they need at the point of care, enabling them to make informed decisions, not only in hospitals and GP surgeries but also in the community.

There are of course caveats around record sharing not least of which are the visiting agency's understanding of the Caldicott Principles, information governance framework responsibilities, data privacy and Data Protection Act requirements. There are a number of formal processes in support of providing access to records to partner agencies and delays may occur at any point if requirements are not met. Medical records should also be viewed with caution as there may be a lack of understanding of the clinical information recorded.

We Are With You were provided with access to the Trust's medical record system in the past under their previous name (Addaction) and this was a reciprocal arrangement. The Trust has requested an updated Data Sharing Agreement and Memorandum of Understanding to allow this access to continue – to date this is still outstanding. The Trust intends to set-up a task and finish group with WAWY to look at resolving these issues, along with how best to remind staff that this access is available.

Additionally, the Trust has worked with WAWY to implement regular multi-disciplinary team (MDT) meetings where care and treatment pathways for patients may be discussed. This has been met with a varied uptake across the county and the Trust is eager to engage with WAWY to embed this consistently. An escalation route has also recently been provided to WAWY via the mental health Matrons and / or operational leads where concerns can be reviewed if a patient is not receiving care or their risks are not being considered.

The newly created role of the Primary Mental Health (PMH) Practitioner will also provide a valuable conduit in sharing medical information across organisations. These Trust employed members of staff will be co-located in GP surgeries and will work alongside community, mental health, social care, pharmacy, hospital and voluntary sector colleagues focusing on a personalised care approach to achieve the best possible care outcome for patients. Whilst this role is still in its infancy, relationships with primary care colleagues have already been enhanced where PMH Practitioners are in post.

Discharge process from Community Mental Health Team and signposting to wider services

The Trust's Integrated Community Mental Health Team (ICMHT) aims to meet the needs of eligible patients (those who are in an acute mental health episode and / or have a severe and enduring mental health condition) within the commissioned framework and services are provided in line with recommended National Institute for Health and Care Excellence (NICE) guidelines, legislation and good practice. The ICMHT recognises the need to work in partnership and form collaborative relationships with patients, however, there are situations where patients may have difficulties engaging with the ICMHT. In order to achieve successful engagement the ICMHT ensures that it is providing a service that meets the individual needs of the patient, respecting their qualities, strengths, rights and responsibilities. Having a mental health difficulty does not in itself negate an individual's right to make the same decisions as any other member of the community. This includes the right to make decisions that others would not necessarily agree with, for example refusing any mental health care by the ICMHT.

The decision to discharge a patient follows a robust process as described in detail in the ICMHT Standard Operating Procedure, and this includes discussion at a MDT meeting which will consider the reasons why the patient has not engaged / attended, their existing needs and alternative ways in which engagement could be achieved; and the referring clinician and the patient's GP must be informed of the patient's disengagement to enable the exploration of alternative methods to encourage engagement in partnership with other key stakeholders in the patient's care and any on-going need to risk management.

Where discharge does occur, it is the Trust's expectation that this is followed up in writing to both the patient, the referral agent and the patient's GP and that this should include advice and recommendations, with the relevant contact information, so that the person could access support from wider services in the future if they chose to.

The continued Community Mental Health transformation work, currently underway in the Trust, will work to address the collaborative and joint working between the ICMHT and other partners, but primarily the issues are culturally related in a complex health system, which will take time to solve through the development and strengthening of relationships with one another. Processes and policy will support this and our commitment to the multi-agency steering group demonstrates our willingness and commitment to work with other agencies.

Thank you for considering the Trust's response to the concerns you have raised - they are clearly relevant and important issues around a crucial aspect of care regarding information sharing between partner organisations. I trust that this response provides assurance that action is being taken by the Trust to address the matters that you have raised.

Yours sincerely



Dr [redacted]
Medical Director