

Chief Executives Office

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Sonia Hayes,
Assistant Coroner
Mid Kent and Medway

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23 December 2021

Dear Assistant Coroner Sonia Hayes

Inquest into the death of Mr Terence Ronald Talbot
Trust Response to the Regulation 28 Report to Prevent Future Death

I write in response to the Regulation 28 Report dated 3rd December 2021, sent to Kent and Medway NHS Social Care Partnership Trust (KMPT) following the conclusion of the inquest into the very sad death of Mr Talbot on 9th April 2020.

In your report to the Trust, you raised the following matter of concern:

Chief Executive of Kent & Medway Social Care Partnership Trust on concerns relating to issues that Terence Talbot had begun to exhibit symptoms of a depressive phase of his Bipolar Affective Disorder just prior to his discharge back to psychiatric hospital at the end of November 2019. Issues relating to capacity to make specific decisions in relation to Terence Talbot's care and treatment were not all subjected to formal Mental Capacity Act assessments when he was refusing medical interventions that were in his best interests in the clinical picture of an extremely rare and complex medical diagnosis that arose due to his reaction to prescribed medication to treat his mental disorder and evidence of increasing low mood and symptoms consistent with depression.

As a Mental health organisation, we absolutely recognise the importance of looking after the physical health needs of our patients. We are fully committed to working collaboratively with our acute trust colleagues to ensure our patients receive holistic care for their physical and mental health needs in an integrated manner from us and our partner organisations in Kent.

We have identified a need for more joined up working with Maidstone and Tunbridge Well NHS trust (MTW) particularly when it comes to accessing care for physical health for our in-patients at the Priority House site in Maidstone. Majority (80%) of our in-patients are detained under the Mental Health Act (MHA) and present with complex psychiatric morbidity which puts further responsibility on us to ensure their physical health needs are met as often they are too unwell to recognise and seek appropriate help.

We have started to work in partnership with our acute hospitals in Kent to streamline pathways of care for this hugely complex cohort of patients requiring treatment at acute hospitals during their period of in-patient stay with us.

We are also very cognisant of the fact that it is extremely important for us to thoroughly assess capacity and to document it when any of our patients are refusing to accept treatment for their physical health conditions. More importantly, we recognise the importance of engaging with families and seeking their support with situations where the patient might appear to be refusing care and treatment for a deteriorating physical health condition, in the same manner as we do for psychiatric conditions.

We have made significant progress on the two areas; integrated physical and mental health care and capacity assessment for physical health interventions that had an adverse impact on the care provided to Mr Talbot. The steps taken and progress made since Mr Talbot's death are described below:

- 1) A new initiative is being progressed, which will mitigate the risk of disjointed working with MTW, and will allow for seamless communication between our in-patient services and MTW. This initiative is being jointly developed and is jointly owned by KMPT and MTW and involves dedicated staff from MTW providing timely advice and guidance to our staff on physical health conditions and a streamlined route for admissions to an MTW bed when required.
- 2) A robust monitoring of Mental Capacity Assessment of patients under our care is conducted via Mental Health Act Committee (led by the Chief Medical Officer and reporting to Trust Board) thereby ensuring the highest level of scrutiny around this. Assurance on this is provided via a Clinical Quality check (CLiQ check) process across all our services particularly the in-patient services. Since September 2021 we have implemented a streamlined process for Mental capacity assessment which was developed using Quality Improvement methodology by our Quality Improvement team. This has resulted in significant improvement in completion and documentation of Mental Capacity Assessments and Best Interest decisions where capacity is lacking.
- 3) The Mental Capacity Act (MCA) training for the organisation is closely monitored, again via the Mental Health Act Committee. MCA training is mandatory for all our clinical staff and we are currently at ninety percent completion rate for this training.
- 4) KMPT has signed a Service level agreement with MTW to support patients detained under the Mental Health Act receiving treatment at MTW for their physical health needs. A training package is being delivered to MTW staff by the Mental Health Act compliance manager. This will significantly improve the understanding of the needs of patients with complex psychiatric conditions admitted to MTW.

We are sincerely sorry for the shortcomings in our care of Mr Talbot and are committed to ensuring that the improvements we have made are sustained.

I hope that the detailed information provided offers you a level of assurance about both the seriousness with which we have received and responded to your concerns, and the significant improvements we have made since the sad passing of Mr Talbot.

We are, as always, happy to provide further information or evidence if that would be helpful.

Yours sincerely

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end.


Chief Executive