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[REDACTED]
17th March 2015

Private & Confidential

Mr Nigel Meadows
H.M Senior Coroner
Coroners Office
Crown Square
Manchester
M60 2LA



Dear Mr Meadows

Re: Kimberley Lauren Lindfield (Deceased) Regulation 28 Report To Prevent Future Deaths issued under paragraph 5 of the Coroners Justice act 2009

Thank you for your letter dated 2nd February 2015 regarding the findings of the inquest hearing of Kimberley Lauren Lindfield, who sadly took her own life, whilst in the care of the Wythenshawe Hospital

Greater Manchester West Mental Health Foundation Trust, at the time of the incident July 2012, did not provide any mental health input into University Hospital of South Manchester (UHSM).

The Trafford Rapid Assessment Interface Discharge (RAID) Team began provision of mental health service into UHSM from the 22nd April 2104. The Trafford RAID team provides assessment of Trafford registered patients within UHSM and assessment of Manchester registered patients on all other wards, except for A&E and its associated wards. The Trafford RAID is commissioned to see patients aged 16 and above. Referrals can be taken from any professional within the acute hospital setting who is concerned about a patient's mental health; included in this are those patients that present with self harming behaviour or suicidal ideas.

GMW Trafford RAID is working with UHSM and MMHSCT in order to provide an overall response.

This response is evidence in relation to action points you have raised:

- 1. All patients presenting with symptoms of mental illness/mental disorder and/or after reported self harm/suicidal behaviour will now be automatically referred for a mental health assessment to be conducted**

as soon as possible whether that referral is from A&E or any ward. Pending that assessment mental health staff can give advice by phone concerning the patient's interim care and management.

Trafford RAID at UHSM has a single referral point for access to a mental health assessment. Trafford RAID have an agreed joint operational procedure with UHSM and MMHSCT that provides clear guidance on access to the mental health practitioners and agreed/commissioned target response times to referrals made to mental (Appendix 1). GMW have key performance indicators agreed by GMW and the NHS Trafford Clinical Commissioning Group, which provides an audit of response times at UHSM on all referrals received. This is evidenced in the performance report submitted to commissioners on a monthly basis. This is audited internally to ensure that standards remain high and to identify areas where improvement is required/ learning for the team (Appendix 2).

GMW Trafford RAID always makes a face to face contact after any referral to avoid any delays in patients being seen. The assessment is always discussed with the clinical team who have made the referral; the assessment and agreed joint plan is documented in clinical notes.

- 2. Whenever an increased level of observation is initiated, pending a mental health assessment, because of the concern about patients mental state and/or self harm/suicidal behaviour there should be a clear written policy or protocol setting out what those observations involve and the recording of them with a clear chain of responsibility with the obligation on one appropriate member of staff to ensure that this is done.**

GMW Trafford RAID and MMHSCT and UHSM have been working on a new observation procedure, including recording charts has been drawn up at UHSM; the RAID Team Manager has been involved and made useful contributions to this work.

- 3. Concerns that there is currently no written protocol or guidance where there is an appropriate clinical review and there should be a change in care and management plan in response to new or changed circumstances or new risks.**

Following every patient review by the RAID Team, the attending practitioner makes a record in the Clinical notes (Paper notes at UHSM and Electronic record at CMFT (Trafford General) respectively, a handover/plan is discussed with the department/ward staff. The full assessment includes other relevant documents/data quality requirements are then recorded in the patients' electronic patients' health records. All patients in A&E receive a full risk assessment, patients on the wards receive a risk screen initially, to inform if full risk assessment is required. Where a patient presents with risk to self or others or is acutely mentally unwell, then a full risk assessment is completed, this applies to patients on the wards (Both Urgent and Routine).

4. Nursing and clinical staff quality of record keeping

As indicated above in point 3. (Appendix 3) shows a blank copy of the assessment documents used by the RAID Team for your information.

5. Concerns around policies/protocol or working practices about referral for mental health assessment when a patient is “medically fit” and presenting with apparent mental illness/mental disorder and /or after self-harming/suicidal behaviour.

GMW Trafford RAID provides parallel assessments when any patients present with mental health needs, e.g. self harm/ overdose but still requiring medical intervention. RAID Team will make face to face contact following referral discussion to complete full assessment, risk assessment or for those patients not appropriate for assessment either due to sedation/intoxication, ascertain and agree frequency of reviews to determine whether state sufficiently improved to undertake coherent assessment. This also provides an opportunity for collective discussion and shared decision making on appropriate management plan for patient. GMW Trafford RAID have previously met with the senior ED clinical staff and management to ensure that UHSM were aware that at any point, there is no complex referral criteria and that trigger for referral to RAID is where there are concerns about someone’s mental health/ risk to self or others. Training to be delivered will also look at how to identify those persons who attend department or are admitted to the hospital who may pose a risk to themselves or others.

6. GMW Trafford RAID have provided UHSM training

GMW Trafford RAID is commissioned to provide mental health training to acute hospital staff both at CMFT (Trafford General) and UHSM respectively. In acknowledgement of the serious untoward incidents that are referenced in the coroner’s report GMW Trafford RAID Team agreed to work with UHSM leadership to provide and deliver appropriate mental health training and have been working with UHSM’s Training Lead to identify priority areas and plan how this training can be rolled out across UHSM. The RAID Team has delivered presentations at some events within UHSM and as a starting point delivered Self harm and Suicide Training to A&E and associated wards’ staff on the 3rd December 2014. A further session was planned for the 17th December 2014; unfortunately this did not go ahead due to pressures requiring staff to be released to support the hospital. Currently, the RAID team awaits finalisation of dates and commitment within UHSM to mandate release of staff to attend training. The RAID team delivered a successful training programme at CMFT (Trafford General) in November 2014 and intend to do/surpass this with our UHSM partners who are a big organisation compared to the Trafford site. The RAID team has continued to work on raising the profile of mental health within the acute hospitals, with announcements on intranet and also merchandise with information distributed to wards. (Appendix 3) copies of TGH training planner, intranet announcements/ posters and post cards)

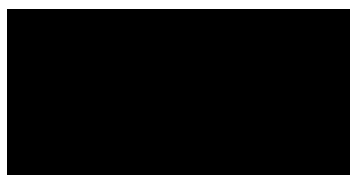
7. Reporting and escalation procedures

GMW Trafford RAID work alongside UHSM and MMHSCT on review of delays; this is a monthly meeting. GMW Trafford RAID have an internal reporting procedure to ensure Key performance indicators are being met.

The joint operational procedure has clear escalation procedures (Appendix 1)

I hope that you find this response demonstrates to you and Ms Linfield's family the commitment by our staff in working jointly with our partner Trusts in order to improve the care provided to our services user population

Yours sincerely

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Medical Director