

PRIVATE & CONFIDENTIAL

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CHIEF EXECUTIVE'S OFFICE

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Dear Ms Brown

I am writing further to your letter dated 15 February 2017, enclosing your Regulation 28 Report to Prevent Future Deaths.

In my response, I will address your first matter of concern. I understand that Devon Partnership Trust (DPT) is responding to you separately on the issues raised.

It might be helpful to summarise some of the mental health training that is currently being delivered at the RD&E, both with the assistance of staff from DPT and from other sources.

Part of the role of the DPT Liaison Psychiatry team is to offer training to colleagues in the acute hospital. This is done both formally and informally. In 2016, the Liaison Psychiatry Team has formally trained at least 496 staff, having taught 175 teaching sessions.

The regular formal training delivered by the Liaison Psychiatry team includes:

- A weekly training programme to the multi-professional team in the Emergency Department on various topics, including the Mental Health Act 1983 ("MHA")
- Regular training to the Site Management Team focussed on the MHA as they have oversight of this and its application in the acute trust.

Both of these training programmes are specific, targeted training sessions to areas where there is the highest volume of contact of patients with mental health issues.

- One of the DPT Consultant Psychiatrists, [REDACTED] delivers training on the Mental Capacity Act 2005 ("MCA") & the MHA at least twice yearly to Foundation doctors, Core Trainees doctors and Consultants
- Mental Health Champion Training (x5 full days) to RD&E clinicians who have volunteered themselves as Mental Health Champions for the RD&E. This helps support staff with patients in practice.
- Other regular training sessions are delivered to the Emergency Department and to the foundation doctors in training on the role of the Liaison Psychiatry Team in the RD&E. This training includes use of the Mental Health Act

- A whole day's package has just been built and is due to start being delivered later this month called "Management of Challenging Behaviour – Using Rapid Tranquilisation as a last resort" – this refers to use of the MHA in its content. This is being delivered to the medical wards and targeted at registered and non-registered staff where patients with mental health needs alongside physical needs are being nursed.
- A full days training on Dementia & Delirium once monthly for registered and non-registered staff

Other mental health training being undertaken by RD&E staff from other providers includes:

- The Cavendish Care Certificate for unregistered staff has a module on Mental Health is delivered by the Trusts Learning and Development Team and covers application of the MHA.
- The Trusts Learning and Development team deliver the Level 3 Health Care Diploma which has a unit on Mental Health.
- All medical staff have MCA training on their programme which can overlap and lead to discussion on the MHA.
- University accredited Mental Health related modules which is usually undertaken by ED staff at the University of Plymouth

Further, the RD&E is training a specialist pool of nursing staff for specific mental health input. This will lessen the need to use agency staff. This will allow the Trust to have better control over the training and expertise of the specialist mental health staff. It will also improve communication between the physical and mental health care professionals.

You will see from the list above that there is a lot of training already being provided across the RD&E on the Mental Health Act. Most of this is specifically targeted at the groups of staff who have the most contact with vulnerable patients such as ED/AMU staff and Site Management.

With regards to future development, there is a general consensus that a greater awareness and understanding of the MHA would be beneficial to all staff. Ensuring that this training is of a suitable level, proportionate and appropriate to staff grading is essential. We are looking at the best ways to target resources most effectively and efficiently.

A Training Needs Analysis is being done to ascertain what further training is necessary and where and how it should be targeted. Specific consideration is being given as to whether the module of training delivered to the high intensity areas such as the Emergency Department and Site Management staff could also be helpfully delivered to the medical overflow wards, which includes Culm Ward. The relative volume of queries being made to the Liaison Psychiatry team from these overflow areas is being looked at, to ascertain the need in these areas. If such a need is found, the level of training, to which levels of staff, can then be determined.

Consideration is also being given to the viability a 'leaflet drop' with payslips. This has recently been done by the Child Protection/Safeguarding Team to good effect. This would ensure that all staff in all grades and positions have some basic training and an information resource on the MHA. Further 'catch all' training may also include information being added the RD&E intranet as a must-read document. It is hoped that the new 'Mental Health Champions' being trained could assist with any new training.

An Action Plan setting out what steps will be taken to assess the training need is enclosed.


All of the current MHA training requests that if staff have any concerns about a patient's mental health, then they should contact the specialist Psychiatric Liaison Team for advice on how to manage that patient in normal working hours and the psychiatric on call Crisis Team out of hours. The escalation process also includes contacting the Devon Partnership Trust on call team both in and out of hours if an issue is unresolved. The next stage of the process includes contacting the Devon Partnership Trust on-call Director if required. This is what is practiced throughout the RD&E at the moment. This would also be our first line of advice in any future training.

With respect to Wendy Telfer's case, she had been formally assessed on two occasions by specialist practitioners from the DPT and they did not consider she should have been under a formal MHA section. On the day of her discharge, there was some uncertainty about her MHA status and her current presenting symptoms. Therefore, RD&E staff sought specialist advice from the Psychiatry Liaison Team on two separate occasions. They were not advised to use the MHA to detain the patient if she tried to leave. It was on the basis of this specialist advice that she was allowed to leave.

Whilst we are always keen to improve practice, in this case RD&E staff had been clearly guided with professional, specialist advice about the use of the MHA in these circumstances. We would be circumspect about any training which meant staff, who used the powers under the MHA very infrequently, acted in direct contravention of the expert advice.

I hope that the above satisfies you that we are looking at ways to improve MHA training within the Trust. We are aware of the need to improve the knowledge and understanding of staff around the MHA while still expecting staff to rely on the specialist service for advice.

Yours sincerely



Suzanne Tracey
CHIEF EXECUTIVE

Enc. Action Plan

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