

Ms Alison Mutch OBE
Senior Coroner for the Coroner Area of
South Manchester
Coroner's Court
Mount Tabor Street
Stockport
SK1 3AG

Professor Stephen Powis
National Medical Director
Skipton House
80 London Road
SE1 6LH

11th June 2018

Dear Ms Mutch,

Re: Regulation 28 Report to Prevent Future Deaths following an inquest concerning the death of Mr Adrian Jennings

Thank you for your Regulation 28 Report to Prevent Future Deaths ("Report") dated 19th April 2018 concerning the death of Mr Adrian Jennings on 10th December 2016. I would like to express my deepest condolences to Mr Jennings's family.

Your report concludes Mr Jennings's death was a result of drug toxicity.

Following the inquest you raised concerns in your Report to NHS England regarding disparate IT systems impacting on information sharing, the ability of primary and secondary mental health services to provide a joined up discharge plan, mental health support services not being commissioned, and the inability to capture that police officers had brought an individual into the hospital as they are operating a national IT system. I have noted that your Regulation 28 letter has also been sent to the mental health trust directly involved in Mr Jennings's case, and will leave it to the trust to address your concern regarding mental health support services not being commissioned. I will only address the other three concerns in this letter.

In relation to your first concern, we recognise that there are challenges across the service in enabling secure record sharing and there are a number of steps being taken, led by NHS England.

NHS England is leading a Global Digital Exemplar programme that is designed to join up and digitise health systems so that clinicians have more timely access to accurate information, and patients are provided with better access to their records.

Digitally advanced acute and mental health trusts are being supported to become Global Digital Exemplars, and will share their learning and experiences to enable other NHS trusts to deliver high quality care, efficiently, through the use of world-class digital technology and information. The trusts will receive support through funding and international partnership opportunities to become Exemplars over the next two to three and a half years.

Acute and mental health trusts participating in the Global Digital Exemplars programme are required to support digital record-sharing with local partners across physical and mental health. They are expected to adopt appropriate technologies, implement standards and business processes which will enable patient and service user information

High quality care for all, now and for future generations

to be shared across care settings. Supported by appropriate data sharing agreements, this will ultimately enable care professionals to receive notifications and alerts, view correspondence and test results, facilitate access to health and care records across localities, as well as supporting reciprocal communications between multi-disciplinary and multi-agency teams. As an example, there are a set of "interoperability" requirements that have been placed on the exemplars include the ability for Global Digital Exemplars to share mental health discharge summaries electronically.

To further inform this work, there has also been specific activity led by the NHS England Mental Health team and Interoperability teams on identifying key pathways of care for mental health and the information sharing requirements. This enabling the key standards to then be developed to support the sharing of information.

In addition, and building on this provider digitisation is the specific focus on enabling access to pertinent information from across venues of care. There has been progress made on this within the service with around 60 local information sharing initiatives that aim to share information across GP, Acute and Social Care settings. Building on this, NHS England will be working with a number of Local Health and Care Record Exemplars that will focus on establishing a local longitudinal record available in their areas to enable authorised staff to access permitted information about a patient's history of contact with the NHS and related care services in order to support the provision of safe, integrated care. Importantly, these exemplars will be required to work to nationally published interoperability standards so that pertinent information can be accessed as a patient moves between organisations and geographies. They will also co-develop and highlight best practise in professional and public engagement, information governance and benefits realisation as many of the barriers of information sharing are not just technical.

The aim is for all authorised clinicians within the scope of a Local Health and Care Record Exemplar to have ready access to patient shared care records, regardless of the setting. Exemplars will share their learning to support progressive implementation in other localities across the country.

I note your second concern regarding the ability of primary and secondary mental health services to provide a joined up discharge plan. NHS England believes that strong communication, between health care professionals, with individuals receiving care, and with their families and carers is crucial to delivering safe, effective acute mental health care pathways. This communication is particularly important when individuals are transitioning between teams or services and for ensuring a robust discharge plan is in place.

To support improved discharge coordination, we are intending to publish best practice information later this year which draws on examples of areas that already have robust, evidence-based discharge processes in place. This specifically references the importance of considering a person's discharge destination and ongoing care needs early on in their admission and communicating with the relevant community teams to ensure that the necessary support is put in place in a timely manner to enable smooth transition. With the patient's agreement, their family, carers and significant others should be engaged throughout their care, be properly supported and involved in care decisions from the very start and given information about the care plan, discharge decisions and changes to treatment.

NHS England is also developing a framework in 2018/19 for Community Mental Health Services which will articulate models of improved joint working between primary and secondary mental health services. This will support teams to work together to plan

individuals' care holistically and with access to all the relevant information, particularly important for people transitioning between services. NHS England will be consulting on the framework later this year.

Timely follow-up after discharge from a mental health inpatient admission is particularly important to ensure a person is continuing to receive the support they need. Mental health services currently adhere to a standard of ensuring follow-up from inpatient care settings within seven days of hospital discharge, however, many services aim to complete follow-up by day 2 or 3 post discharge, in a face-to-face meeting where possible.

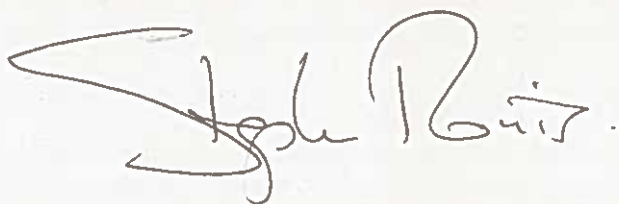
I have consulted with NHS Digital in relation to your concern about the trust being unable to capture that an individual had been brought in by police officers because they were operating Lorenzo, a national system. This function was not available in 2016 but the Emergency Department (ED) module has recently been updated and includes mandatory data collection to fulfil the Emergency Care Data Set (ECDS) requirements (please see <https://www.england.nhs.uk/ourwork/tsd/ec-data-set/>).

The ED module now provides drop-down options for 'mode of arrival' with selections from an ECDS compliant list which includes 'police transport'. This is a mandated entry field. Similarly, there is a mandated entry field for 'Attendance Source' which includes ECDS compliant selection options and includes Custodial Services; prison: Custodial Services; detention centre and Police service/forensic medical officer. There is also a non-mandatory free text facility which enables users to record 'Accompanied by' according to local policy and practice. This can be used to add for example, an officer's name and / or a relative accompanying the patient.

These functions are part of the core Lorenzo ED module and are therefore standard within the current build.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Stephen Powis', with a large, sweeping initial 'S'.

Professor Stephen Powis
National Medical Director
NHS England