

Ms J Andrews
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BN13 2PQ

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10 January 2019

Dear Ms Andrews

Re. Inquest into the death of George Edward ROGERS

I write further to the inquest of George Edward Rogers which concluded on 11.11.2019 and the Regulation 28 Report to Prevent Future Deaths.

The Report concern is as follows:

1. When transferring patients between the CRHTT (Crisis Resolution and Home Treatment Team) and the ATS (Assessment and Treatment Service) there is not always a Lead Practitioner appointed on transfer which may (a) delay patients receiving treatment and (b) mean that patient may not be monitored pending appointment.

I will address both points raised in turn, as follows:

(a) Allocation of a Lead Practitioner of patients transferred from the CRHTT and ATS

The process for allocation of a Lead Practitioner is as follows; the CRHTT attends the weekly Multi-Professional ATS meeting (ATS - sometimes referred to as a Community Mental Health Team) to provide an update on each case and to request allocation, if needed, of a Lead Practitioner.

If the patient is already known to the team, the Lead Practitioner (ATS) will remain involved and work with the CRHTT throughout the episode of care. If the person is unknown to the ATS, the CRHTT and ATS will work together to plan onward care and support. Where a Lead Practitioner cannot be provided immediately by the ATS, an initial appointment will be offered within 7 days of transfer from the CRHTT and follow-up plans will be agreed. This may include care and support being offered by the ATS Duty Worker (a senior registered professional) who the patient will be able to contact for support. This support includes face to face contact on the same day if necessary and attendance at the ATS if

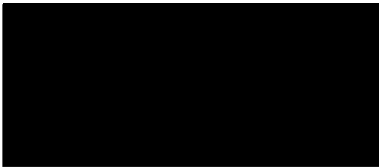
required. In this instance, the patient and the GP are sent a letter informing them of this plan of care which includes any contact details if there are any concerns.

Any patient not allocated a Lead Practitioner is monitored by the Team Leader on a weekly basis.

The SPFT Serious Incident report notes that a delay occurred in the allocation of a Lead Practitioner, over a two week period, in April 2018 when Mr Rogers was being transferred between the CRHTT and ATS. As a result of this a new process has been introduced as described above resulting in a 95% reduction in unallocated patients at the point of transfer between teams.

I hope that the content of this letter and its enclosures addresses your concerns and provides you with assurance that there is no delay in a patient receiving access to treatment on transfer between CRHTT and the ATS, that there is a process in place to monitor patients who have been transferred and are receiving support with the Duty Worker whilst a Lead Practitioner is identified. However, if any further clarification is required or I can assist further in any way then please do not hesitate to contact me.

Yours sincerely

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Chief Executive