REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

*NOTE: This form is to be used **after** an inquest.*

	REGULATION 28 REPORT TO PREVENT FUTURE DEATHS **THIS REPORT IS BEING SENT TO:** **Chief Constable – Warwickshire Police**
1	**CORONER** I am S McGovern, Senior Coroner, for the coroner area of Warwickshire
2	**CORONER'S LEGAL POWERS** I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.
3	**INVESTIGATION and INQUEST** I opened an investigation on 25 June 2020 into the death of Neil Kenneth PARKES, late of Oak House, 357 Gwendolen Road, Evington, Leicester LE5 5FP. I concluded the inquest on 24 November 2021 and returned a conclusion that his death was accidental.
4	**CIRCUMSTANCES OF THE DEATH** On 29th April 2020, the Deceased was found unconscious in a stairwell in Royale Court, Queens Road Nuneaton. There were no marks of assault on his body and on the balance of probabilities he had an unwitnessed fall. He was taken to UHCW by ambulance where he remained and subsequently died on 14th May 2020. Throughout his time in hospital he remained unidentified despite the hospital calling Warwickshire police on 2 occasions regarding him and despite his parents reporting him as a missing person to another force. Warwickshire police attended the scene and were aware the Deceased had not been identified. He was only identified after he died by means of fingerprints. Prior to the fall, the Deceased was a resident of Oak House, Gwendolen Road, Leicester which is a unit specialising in individuals with complex needs including drug and alcohol issues. He had resided there since 2017. On 27th April 2020, the Deceased left the unit voluntarily albeit his eviction was very likely due to his alleged behaviour over a period of time and in particular his alleged behaviour on the 26th April 2020 consisting of damage to property, throwing plant pots at staff and directing a fire extinguisher at staff. On 27th April 2020, the country was in lockdown due to the covid 19 pandemic. He was assisted to pack his bag and had clothing for about 3 days and some of his medication - some of his medication was withheld on the basis of safety to avoid an overdose. He was informed to attend the Homeless unit at Leicester City Council or the Dawn Centre (a centre for homeless people). He was familiar with both locations. He left at about 1.00pm. The Dawn Centre was an approximately 10 minutes from Oak House, although it was noted that the Deceased was a slow walker. He appears not to have attended either location although he was seen by a police officer in Leicester on the evening of 27th April 2020.
5	**CORONER'S CONCERNS**

	During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you. The **MATTERS OF CONCERN** are as follows. – Throughout the time that Mr Parkes lay unconscious in UHCW his was identity was unknown. He had been reported as a missing person by his parents to another police force during the time he was in hospital. Additionally, on 2 separate occasions, UHCW staff directly contacted Warwickshire police to seek assistance to identify him. No clear explanation has been provided to explain why Warwickshire failed to act on those requests. The effects of the failure to identity Mr Parkes meant the hospital had no access to his previous medical history which my have been of assistance in his treatment.
6	**ACTION SHOULD BE TAKEN** In my opinion action should be taken to prevent future deaths and I believe you have the power to take such action.
7	**YOUR RESPONSE** You are under a duty to respond to this report within 56 days of the date of this report, namely by 17th March 2022. I, the coroner, may extend the period. Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.
8	**COPIES and PUBLICATION** I have sent a copy of my report to the Chief Coroner and to the following Interested Persons (a) Parents of Mr Parkes (b) Missing Persons Unit, National Crime Agency I am also under a duty to send the Chief Coroner a copy of your response. The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.
9	**20th January 2022** **Senior Coroner S McGovern**