RESPONSE OF LCC TO THE REGULATION 28 REPORT TO PREVENT FUTURE DEATHS OF 17TH JUNE 2022 FOLLOWING THE INQUEST INTO THE DEATH OF M STRINGER

1. Regulation 29 of the Coroners (Investigations) Regulations 2013 provides;

(3) The response to a report must contain—

(a) details of any action that has been taken or which it is proposed will be taken by the person giving the response or any other person whether in response to the report or otherwise and set out a timetable of the action taken or proposed to be taken; or
(b) an explanation as to why no action is proposed.

2. This is the response of LCC to the concerns raised by the Coroner at box 5 paragraph 3 of the report issued under Reg 28.

3. There are 17 subparagraphs which are answered in turn;

i - not applicable to LCC;

ii - in as far as this relates to LCC, Mrs Stringer was discharged to Nightingales "for assessment" and the family had been liaised with (A1303 of the bundle 18/9/20 at 16.04 and Dr [redacted]) and were aware of the plan;

iii - LCC feel this is dealt with below;

iv - n/a to LCC;

v - the social worker had not been made aware of the incidents on 30th June 2020 or 3rd September 2020 so could not pass them on. In

any event, the information provided to Nightingale was clear about the history and risk of self-harm. See below.

vi - an Assessment was available at discharge and this was provided to Nightingale prior to them accepting Mrs Stringer. The social worker was not able to see Mrs Stringer in BVH due to Covid restrictions. The placement at Nightingale was "for assessment" (A1264);

vii - the assessment of risk was included in the assessment document sent to Nightingales and this dealt with risk of self-harm and suicide (A1253). The environment to manage risk was felt appropriate in Dr [redacted] opinion and Nightingale had information to develop a care plan (A1375)

viii - n/a LCC;

ix - n/a LCC;

x - risk was identified in the relevant section of the overview document (A1253) and see (vii) above;

xi - n/a to LCC;

xii - n/a to LCC;

xiii - n/a LCC;

xiv - n/a to LCC;

xv - n/a to LCC;

xvi - this document was provided to Nightingales and noted by them. The Social Worker noted recorded providing this to Nightingales and having conversation via telephone about Mrs Stringer (A1302-4);

xvii - the format of this document will be reviewed, but it has a clear heading "risk" with a subdivision re self-harm/injury described as "serious apparent risk" and details of risk setting out mental health deterioration and attempts to kill herself (A1253). The review is taking place in line with the adoption of a strength based approach framework which has started and is planned to be rolled out across all Adult Social Care teams within the next 18 months. The Local Authority would question the proportionality of using Reg 28 in respect of a detail such as the format of a particular document.

4. The Local Authority have reviewed the case again after receipt of the Reg 28 Report and consider that the conclusion of Dr [redacted] is correct, in that there was adequate assessment and management of risk of suicide and that the placement at Nightingale was appropriate. There may be some details to correct (e.g. layout of Overview document) but having had that opportunity the Local Authority does not feel there is specific action arising from the Report of its own review of actions and procedure that needs rectifying to avoid a future death. To generally assist Lancashire and South Cumbria NHS Foundation Trust and Blackpool Teaching

Hospitals NHS Foundation Trust in ensuring that their provision of information and systems at discharge are as effective as possible, LCC have agreed to meet with and will continue to work with the Trusts in the future.

Signed…  ……(signed electronically)

Dated……2nd August 2022……..

Director of Adult Community Social Care

Lancashire County Council