

Trust Headquarters Blackpool Victoria Hospital Whinney Heys Road Blackpool Lancashire FY3 8NR

12th August 2022

Mr Tim Holloway Blackpool and Fylde Assistant Coroner Municipal Buildings Corporation Street Blackpool FY1 1GB

Dear Mr Holloway

Ref: Prevention of Future Deaths - Reg 28 MS

I write in response to the joint Prevention of Future Deaths report that was issued following the conclusion of the inquest into the death of Mrs Margaret Florence Joyce Stringer which concluded on 30th May 2022. Due to the multi-organisational factors identified at inquest, you requested a formal response from Lancashire and South Cumbria NHS Foundation Trust (LSCFT), Blackpool Teaching Hospitals NHS Foundation Trust (BTHFT), Lancashire County Council (LCC), Nightingales Care Limited, and Zion Care Limited, to be provided by 12th August 2022.

With reference to your specific concern that "there should be a comprehensive, cohesive, frictionless system for the timely collation (including from the family and/or other carers) and timely communication / transfer of sufficient, accessible information ((not, simply, risk assessments) pertaining to suicide risk in patients / service users / residents, by and between each of the service providers concerned", the response from BTHFT is as follows.

BTHFT is one of many acute hospitals across this region which will interface with LSCFT for inter-hospital referrals and transfers. Similarly, it will interface with a number of local authorities who are making s.117 arrangements for patients previously admitted to LSCFT. LCSFT also provides a Mental Health Liaison Team service for BTHFT patients. The Trust respectfully submits that any system or process change for the sufficient identification of suicide risk should originate in LSCFT for their patients, to be cascaded and embedded with Acute Trusts and Local Authorities in the region.

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RESEARCH MATTERS AND SAVES LIVES – TODAY'S RESEARCH IS TOMORROW'S CARE Blackpool Teaching Hospitals is a Centre of Clinical and Research Excellence providing quality up to date care. We are actively involved in undertaking research to improve treatment of our patients member of the healthcare team may discuss current clinical trials with you.









In relation to BTHFT's internal process and protocol for the management of patients admitted from a mental health facility, and/or in relation to the Trust's contribution to the Mental Health Act (MHA) s. 117 aftercare arrangements (which are the primary responsibility of the local authority and Clinical Commissioning Group, there is nothing BTH would propose to change at this point. The expectation and standard practice is that in inter-hospital transfers, the transferring hospital should always provide the receiving hospital with key medical and mental health information, together with contact details for the referring clinician, for ongoing communication. The provided mental health information can then be included in the Registered Nursing Needs Assessment, in addition to the medical aspects, to feed into the MHA s.117 aftercare arrangements.

I, as BTHFT's Executive Medical Director, together with the Clinical Lead for Discharge Services and Interim Head of Legal Services, have attended a meeting with LSCFT, to consider whether expectations are aligned for the continuity and safety of communication and information sharing between our organisations. A further meeting is proposed in September, to include LCC.

BTHFT has also been provided with a copy of a policy prepared by LSCFT; the *Admission, Discharge and Transfer of Care Policy and Procedure,* which provides LSCFT clinical staff with guidance on the admission, discharge, transfer and hand over of patients between wards, teams and services whether they are within LSCFT or other service/private providers.

BTHFT will collaborate with LSCFT and LCC to examine this LSCFT policy, and the interface with Acute Trusts and Local Authorities. We will cascade to the Matron, ward manager and consultant groups, what is expected of the respective organisations; to ensure that all relevant information, including suicide risk, is known, managed and communicated.

BTHFT and LSCFT had, in any event, commenced planning for integrated governance meetings. The *Joint Mental Health Governance Committee* will meet quarterly, with the first being held 15 September 2022, and the aims of those meetings has been agreed:

To support the delivery and development of high quality care to patients with psychological and psychiatric needs within BTHFT, through operational governance of incidents, complaints, risks in relation to mental health act, patient experience data, outcomes, audit and quality improvement, education and training. To review and ensure safe and appropriate estates and facilities in order to meet the mental health needs of patients. To provide a forum for dialogue and collaborative working between LSCFT and BTHFT.

I hope that my response provides you with the assurance that the Trust has taken your concerns very seriously, and that appropriate action is being taken to address your concerns; in order to ensure that suicide risk is thoroughly understood, managed and communicated in patient transfers.

Yours sincerely

Executive Medical Director