

Mr D J Urpeth
HM Senior Coroner
The Medico-Legal Centre
Watery Street,
Sheffield
South Yorkshire
S3 7ES

BY EMAIL AND 1ST CLASS POST

26 August 2022

Dear Mr Urpeth,

Regulation 28 Response Ann Pickering

We write in response to your correspondence dated 4 July 2022, received on 7 July 2022, enclosing a Regulation 28 Report following the inquest touching the death of Mrs Ann Pickering on 24 June 2022. May we offer the family of Ann Pickering our sincere condolences for their loss.

The response to the Regulation 28 Report has been prepared and agreed jointly between Barnsley Hospital NHS Foundation Trust, who manage Barnsley Hospital, (BHNFT) and South West Yorkshire Partnership NHS Foundation Trust who manage Kendray Hospital (SWYPFT). The term “service user and patient” are used interchangeably throughout the response. This is to reflect the terminology utilised within each Trust’s policies and procedures.

In order to respond to your concerns under Section 5 of the Regulation 28 Report we have adopted the same numbering for your ease of reference:

1. **There was a recognition on 17.2.21 by Kendray Hospital that NG tube feeding was required.**

Thank you for clarifying that the date referred to above is 17 June 2021.

It is recognised by both organisations that the communication between SWYPFT and BHNFT around 17.6.21 was not a standardised consultation and referral process and that improvements are required so that both organisations have clarity on roles and responsibilities.

BHNFT and SWYPFT are improving and clarifying the process which includes a protocol that details operational delivery of a safe and effective pathway, which will include:

- A clear referral pathway between SWYPFT and BHNFT, including escalation processes where there is a difference of clinical opinion about the need for transfer.
- Clarity with regards to advice versus referral and when to access emergency care in a general hospital setting.

- Escalation processes that involve both SWYPFT and BHNFT Safeguarding advisors ensuring timely and person-centred decisions are made.

An interim guidance protocol to both BHNFT and SWYPFT staff will be distributed from 26 August 2022, followed by a substantive co-owned operational protocol that is to be in place by 30 September 2022 (**EXHIBIT 1**). In addition, an update to the existing service level agreement for the Provision of Mental Health Responsibilities – for Patients Detained under the Mental Health Act, will be amended by 30 September 2022 (**EXHIBIT 1**).

2. **Barnsley Hospital did not initially feel transfer should take place to them and it was not until 23.6.21 that they accepted a transfer.**

It is recognised by both organisations that improvements are required so that there is clarity on roles and responsibilities around timely decision making and transfer of service user from SWYPFT to BHNFT. We have also addressed this in concern 1 above.

The specific detail of these actions is also included in the collaborative action plan (**EXHIBIT 1**).

3. **Despite recognising an NG tube was required, one was not inserted until the 30.6.21**

In addition to collaborative working between SWYPFT and BHNFT, a review of BHNFT's existing nutrition policy and agreement on meeting a patient's nutritional requirements particularly for detained patients, including where there is a need for restraint will be undertaken jointly.

Nutritional support will be provided in a timely manner by staff from the respective Trusts being clear about their roles and responsibilities in their own organisations, and collectively so that delays do not arise. A standard operating procedure to clarify this along with clear timescales will be in place by 30 November 2022 (**EXHIBIT 1**).

4. **There was a lack of clear policies and procedure about how a patient under a section should be transferred and what documentation / resource should go with them.**

In addition to the points above, collaborative working between BHNFT and SWYPFT has taken place to address this point, this includes:

(a) Amending the service level agreement between BHNFT and SWYPFT to reflect SWYPFT Section 17 Policy, specifically the section relating to 'service users residing in other hospitals'; (**EXHIBITS 1&2**).

(b) Amending BHNFT and SWYPFT service level agreement to include section 17 leave arrangements from SWYPFT to BHNFT. (**EXHIBIT 2**);

(c) Developing a co-produced protocol that details the operational delivery of the above, also in **(EXHIBIT 1)**.

(d) Identification of lead clinical staff, including clear plans for which clinician is responsible for each aspect of a patient's management, where they are under a section and transferred to BHNFT (S17 Leave).

Enclosed with the response to the Regulation 28 Report is the jointly agreed action plan, timescales and governance arrangements to ensure that Part 5 of your concerns are fully addressed. **(EXHIBIT 1)**.

We hope that this response provides assurance to you and the family of Mrs Pickering, that the concerns identified have been taken seriously and addressed by the two organisations.

Yours sincerely



Chief Executive
Barnsley Hospital NHS Foundation Trust







Chief Executive
South West Yorkshire Partnership NHS Foundation Trust


Encs: EXHIBITS 1 AND 2

EXHIBIT 1

Response to Regulation 28 from HM Coroner Mr Urpeth re Ann Pickering - Action Plan

Aims/ Targets/ Objectives	How this will be achieved	What expected outcome will be	What evidence will support this	Who will lead this	Timescales this will be achieved within	Where this will be reported/ monitored to - ie Committee/ Group	RAG rating
Ensure there are clear policies and procedures on how patients under a section should be transferred between Kendray Hospital and Barnsley Hospital and what documentation / resource should accompany	Amend the service level agreement (SLA) between BHNFT and SWYPFT to reflect SWYPFT Section 17 Policy, specifically the section relating to 'service users residing in other hospitals'	Patients will be transferred in a safe and timely manner, supported by the appropriate resource and documentation	Interim guidance SLA for the provision of Mental Health responsibilities for patients detained under the MHA	Deputy Director of Nursing & Quality for BHNFT and Director of Nursing for SWYPFT	Interim guidance to SWYPFT and BHNFT staff by 26 August 2022	Mental Health strategy implementation group	
	Amend BHNFT Policy to include section 17 leave arrangements from Kendray to Barnsley Hospital	An MDT meeting for all transferred patients will provide timely opportunity to agree the management plan for the	Updated policy Protocol		Existing SLA to be amended by 30 September 2022	Safeguarding steering Group Quality & Governance Committee	
	Develop a protocol that details the operational delivery of the above,				Policy amended	SWYPFT Operational Management Group SWYPFT Executive	

<p>the patient.</p>	<p>which will include</p> <ul style="list-style-type: none"> • referral pathway, including escalation where decision to transfer is disputed • establishment of MDT meetings within an agreed timeframe to agree management plan • Transfer of agreed documentation • Transfer of human resource • Identification of responsible clinicians 	<p>patient.</p> <p>Staff from the respective Trusts will be clear about their roles and responsibilities</p>			<p>by 30 September 2022</p> <p>Co-produced Protocol to be developed by 30 September</p>	<p>Management Team</p>	
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Ensure that NG tubes are inserted in a timely manner	Review of existing nutrition policy and agree on insertion requirements particularly for detained patients, including where there is a need for restraint	Nutritional support will be provided in a timely manner. Staff from the respective Trusts will be clear about their roles and responsibilities	SOP in place	Matron for Gastroenterology, BHNFT Dr Neela Sundar, Consultant Gastroenterologist for BHNFT Carmain Gibson – Holmes Deputy Director of Nursing for SWYPFT	30 November 2022	Nutritional steering group Patient Safety & Harm Group	
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KEY RAG Rating	
 Complete	 On track  Off track but recoverable  Delayed

EXHIBIT 2

SWYPFT patients on section 17 leave Mental Health Act to Barnsley District General Hospital (BHNFT)

Where a service user is required to reside at BHNFT as a condition of his or her leave, the Responsible Clinician (RC) granting leave continues to be responsible for the service user's mental health treatment.

Where a service user requires treatment in a general hospital for a physical disorder and it is expected that the service user will return to SWYPFT following a period of treatment, it is recommended that section 17 leave is used in preference to section 19(1) (formal transfer of power to detain).

BHNFT staff are responsible for all aspects of the physical health treatment of the patient. (see below for further information)

Under the provisions of section 17 leave, the RC retains overall responsibility for the service user's mental health care and treatment. Staff from SWYPFT are required to remain with the service user whilst on section 17 leave. Where a risk assessment indicates that no escort is required this needs to be agreed with the general hospital and a plan of care including risks and action to be taken should be completed and agreed with the treating clinical teams and the safe guarding lead for BHNFT.

SWYPFT will continue to be legally responsible for the service user's mental health care whilst they are on section 17 leave. (the service user will continue to be legally detained to SWYPFT)

SUGGESTED ADDITION:

Treatment under the Mental Health Act for Mental Disorder.

Whilst the patient is in the general hospital treatment for the mental disorder will be under the direction of the RC from SWYPFT. Treatment for the mental disorder will where applicable be authorised under the Mental Health Act.

Any treatment which is given for a physical condition will be under the direction of the treating physician's at BHNFT. (use of the Mental Capacity Act will be considered where the patient lacks capacity to consent to the proposed treatment).

It is advisable to consult the RC to determine if the service user's mental disorder is impacting on the persons capacity to consent to treatment.

The administration of the treatment will be the responsibility of BHNFT staff.

An example may be:

Service user detained under the Mental Health Act (not holding powers 5(2) or 5(4))

Service user with a mental disorder affecting nutrition intake,

Advice and discussion with BHNFT physician, recommended treatment by the physician is Naso gastric feeding.

The RC will consider if the recommended treatment forms part of the treatment for the mental disorder, if so satisfied they can authorise the Naso Gastric tube feed under the Mental Health Act. (advice can be sought from the Mental Health Act staff in SWYPFT if required)

Although the authority to treat may be within the scope of the Mental Health Act, it will be the physician that will decide if it is safe to treat.

Determining the service user's capacity to consent to the proposed treatment should be informed by collaborative discussion between the RC and the BHNFT treating physician.

The BHNFT physician and team will be responsible for the administration and management of such treatment as clinically indicated by the physician.