

Professor Paul Marks

Senior Coroner
East Riding of Yorkshire & City of Kingston Upon Hull
Coroner's Service
The Guildhall
Alfred Gelder Street
Hull HU1 2AA

National Medical Director

NHS England
Wellington House
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21 March 2023

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Mollie Rose Stansfield who died on 10 July 2019

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 9 December 2022 concerning the death of Mollie Rose Stansfield on 10 July 2019. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Mollie's family and loved ones. NHS England are keen to assure Mollie's family and the coroner that the concerns raised about Mollie's care have been listened to and reflected upon.

I am grateful for the further time granted to respond to your Report, and I apologise for any anguish this delay may have caused Mollie's family or friends. I realise that responses to Coroner Reports can form part of the important process of family and friends coming to terms with what has happened to their loved ones and appreciate this will have been an incredibly difficult time for them.

Following the inquest, you raised concerns in your Report regarding awareness and understanding of Section 5(4) of the Mental Health Act (MHA) 1983 and the importance of delivering regular training to all doctors and nurses about their respective holding powers. I hope that this response provides you with the assurances that NHS England (NHSE), together with Health Education England (HEE), who have contributed to this response, are providing the required guidance and training to all medical professionals who hold these important powers.

In the case of consultant psychiatrists using the above powers, they are General Medical Council (GMC) specialist registrants and must undertake a modular route that is moderated via an approvals panel before they are eligible to implement Section 5 (2), if they have not attained approval prior to gaining their Certificate of Completion of Training.

The 2007 amendments to the MHA 1983 also introduced the roles of approved clinician and responsible clinician,¹ enabling mental health professionals who are not psychiatrists to carry out duties previously performed only by psychiatrists. The introduction of these roles was intended to deliver enhanced quality of care while also ensuring the best use of a skilled and professionally diverse workforce.

All newly qualified doctors in the UK complete a two-year Foundation Programme of training. The curriculum specifically states that Foundation Doctors also need to develop skills in managing clinical scenarios where they may be required to apply the MHA 1983 (or equivalent, e.g., Mental Health Scotland Act 2015), including but not limited to section 5(2). The training is delivered in the doctors' workplace and is overseen by the UK Foundation Programme and the GMC.

The use of Section 5(4) of the MHA 1983 is limited to specific nurses, referred to in the act as nurses of the 'Prescribed Class' which means mental health and learning disability nurses only. 'Prescribed Class' nurses must undergo pre-registration training in field-specific content in relation to the law, which will include these holding powers. HEE are also currently working with the Department of Health and Social Care as part of plans being developed to ensure that, as the current MHA is refreshed and revised, there is a clear training offer for these nurses to ensure that they are clear about their responsibilities in relation to section 5(4), as for other sections under the MHA.

To provide further capacity and enhance patient experience, HEE provides learning opportunities for non-medical staff permitted to implement Section 5 (2) of the MHA i.e. nurses (mental health or learning disabilities branches only), clinical psychologists, social workers, and occupational therapists. This learning is in the form of access to Higher Education Institute provided Mental Health law modules and employers are provided with 18-24 months' part-time salary support to enable the employee's release to gain the experiential learning that they must compile into a mandatory portfolio of evidence that will be presented to an approvals panel, before they are allowed to exercise the power of section 5(2).

In order to enable additional further capacity, HEE is also currently undertaking a pilot to allow Specialty and Associate Specialist (SAS) doctors to gain competence via the same portfolio route as non-medical staff. SAS doctors are employed in the NHS in a non-training post and will have at least seven years' experience of working in psychiatry, four of which at a senior level.

Further to this, employers have an obligation to ensure that their staff are adequately trained. We have been informed by Hull University Teaching Hospitals (HUTH) that they have taken several learning opportunities from this unfortunate tragic incident. This includes delivering several training and awareness sessions to senior nursing teams on mental health and, in August 2022 and creating a five-year Mental Health

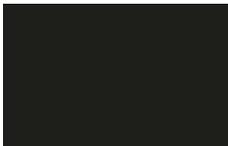
¹ An approved clinician is a mental health professional approved by the Secretary of State or a person or body exercising the approval function of the Secretary of State. Some decisions under the Mental Health Act can only be taken by people who are approved clinicians. All responsible clinicians must be approved clinicians. A responsible clinician is the approved clinician with overall responsibility for the case. Certain decisions (such as renewing a patient's detention or placing a patient on a community treatment order) can only be taken by the responsible clinician.

Learning and Disabilities and Autism Strategy which is underpinned by an operational delivery plan and highlights training as a key area of focus. This is monitored by the Mental Health, Learning Disability and Autism Committee, and the Trust Board Subcommittee, the Quality Committee.

I would also like to provide further assurances on national NHSE work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around preventable deaths are shared across the NHS at both a national and regional level and helps us pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,



**National Medical Director
NHS England**