NHS
Essex Partnership University
NHS Foundation Trust

27 May 2022

Patient Safety Incident Management Team
The Lodge
Lodge Approach
Wickford
Essex
SS11 7XX

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Private and Confidential
Mr Sean Horstead
HM Area Coroner
Coroner's Office
Seax House
Victoria Road South
Chelmsford
CM1 1QH

Dear Mr Horstead,

I am writing to set out the Trust's formal response to the report made under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013, dated 25th February 2022, which was issued following the inquest into the death of Stephanie Moyce.

I would like to begin by extending my deepest condolences to Stephanie's family and friends. This has been an extremely difficult time for them and I hope that my response provides her family, and you, with assurance that the Trust takes their loss seriously and has taken action to address the issue of concern raised in your report.

You raised four matters of concern for EPUT, and I have provided a response for each of the points:

1. *Evidence confirmed a conspicuous lack of clarity as to who, amongst EPUT clinicians/staff, is responsible for ensuring that a clear and comprehensive discharge plan is formulated for those coming to the end of a course of psychotherapy where a Care Coordinator is no longer in place/has not been replaced.*

The Clinical Review under the Patient Safety Incident Response Framework (PSIRF) also highlighted the need for improvements related to patients who are discharged from psychotherapy to ensure their care pathway is clear. The Clinical Review recommended for the psychotherapy discharge letter to be updated to include prompts for the psychotherapist to consider discharge planning. Following completion of the Clinical Review and of Stephanie's inquest, psychotherapy departments have updated their discharge letters. The letter now includes a free-text box for the psychotherapist to consider whether a patient is on the Section 117 register, and what the patient's discharge plan is after psychotherapy has concluded. This includes those who have an allocated care coordinator, and for those who do not. The discharge letter is sent to the patient's GP and there is a free-text box for the psychotherapist to include specific follow-up actions for the GP, where required. The discharge letter is to be used across the Trust.

2. *Evidence confirmed a conspicuous lack of clarity as to who, amongst EPUT clinicians/staff has the responsibility for oversight of patient care following discharge, including responsibility for ensuring adequate and appropriate safety-netting is in place in the event of relapse, where a Care Coordinator is no longer in place/has not been replaced.*

Patients who are subject to Section 117 reviews or who have a care package, all require a review of their needs yearly. If such patients had a therapeutic intervention and a decision had been made that their risk is low and they do not require an allocated clinician, the patients will be 'banked' under the team's Service Manager. The details of the patient are presented in a spreadsheet and are monitored by the community team's administrators and the Section 117 review team. The teams receive notification of reviews on a three monthly basis indicating when their yearly review is due. In addition, two identified staff members make telephone contact with all of the patients on the 'banked' list. They update the patient's risk assessment and determine whether the patient may require increased intervention. This is across Colchester and Tendring, where Stephanie was in receipt of services.

3. *Evidence confirmed that patients under psychotherapy are not presently routinely discussed in the locality multi-disciplinary team meetings prior to their discharge leading to a missed opportunity: (a) to share information about the specific progress, vulnerabilities and risks of relapse of the patient (and measures to mitigate or deal with the same); as well as (b) to organise and follow up the overall discharge planning.*

Where patients are on Section 117 aftercare plans and under psychotherapy, there will be written communication with the locality MDT team prior to their discharge to share their progress and highlight concerns around risk and further needs, including the need for follow-up and the arrangements of this.

4. *The evidence in this case indicated that, contrary to EPUT's own established Protocol, a patient's carer (in this case her long-term partner where no confidentiality issues were identified) are not in practice always "seen as equal partners in the development and review of Section 117 after-care plans" and involved directly in such reviews.*

The Trust acknowledge and agree with the concern in which you raise. In order to enhance the system which is already in place, and ensure the policy is incorporated into daily practices the Care Programme Approach review (CPA) documentation across Mobius and Paris will be updated. The CPA review document will include a 'yes/no' answer to whether a patient's family/partner/carer have been involved in the review process and meetings. If the clinician selects 'no', this will generate a free-text box to provide reasons as to why they have not been involved. Prompts will be included within the template around the limitations to confidentiality discussed with the patient.

I hope that I have provided you with robust assurance that the Trust has taken steps to address the issues of concern in your report, that we are continuing to take action to strengthen the care provided to our patients, and that patient safety is the Trust's top priority.

Yours sincerely,

[redacted]

Chief Executive