

2nd January 2024

Mrs Laura Bradford
Assistant Coroner for East Sussex
Unit 56, Innovation Centre,
Highfield Drive, St Leonards
Hastings
TN38 9UH

[REDACTED]

Dear Mrs Bradford,

Inquest into the death of Mr Christopher Allum: Regulation 28 Report

I write further to your Regulation 28 Report dated 10th November 2023, addressed to both The Langford Centre and NHS England. My response is on behalf of The Langford Centre as Director of Clinical Services and Compliance.

I anticipate that you will share a copy of this response with Mr Allum's family, and I would like to once again express my condolences for their tragic loss.

You have expressed concerns regarding The Langford Centre, in respect of the following two issues:

- a) Gaps at the initial referral and admission stage in obtaining and recording information regarding a patient's previous methods of self-harm and suicide, and;
- b) The seeking and recording of relevant information from an individual's family at the point of admission.

I note that in relation to your further concern relating to difficulties in accessing a patient's NHS notes, you made reference during your conclusions to the unprecedented steps The Langford

Centre have taken. These steps include an agreement with the Sussex Partnership NHS Foundation Trust (SPFT), which allows Langford's qualified medical staff full read only access to a referred patient's medical records.

Whilst we fully accept the concerns raised within your report, it is the Langford's view that all parties involved in the admission process of mental health referrals ought to have been made Interested Persons at the Inquest. This would have allowed for greater collaboration between the different organisations in implementing the series of corrective measures we have introduced to address your concerns.

In order to address concerns relevant to The Langford Centre, we have been liaising with SPFT and the following corrective measures have been agreed with our partners to be implemented from **1st January 2024**;

- a) Our initial referral form has been amended to include an additional field, entitled 'Previous Suicide Methods,' which must be completed by the referrer. This field includes a supporting sub-section headed 'Previous Suicide Methods Used,' which is intended to record details of the self-harm methods.

Completion of this information on behalf of a referring Trust or Body is mandatory and the initial referral will not be accepted at the triaging stage at Langford, unless there is a narrative explaining why it has been left incomplete. This will of course include those patients who do not have a history of suicide or self-harm.

In order to further explore possible past suicide attempts and to ensure full capture of a patient's self-harm history at the admission stage, both the initial medical assessment and formation of risk assessment, completed by the triaging doctor at Langford, include the same subsections.

You will of course appreciate that this updated process is in the context of our renewed referral process which includes the receipt of 28 days of medical records, relevant risk assessments from the referring Trust and full read only access to a patient's entire medical records.

- b) In respect of seeking information from an informal patient's family, this step is entirely dependent upon the individual's consent.

Our initial medical assessment and risk assessment forms have been amended to include a detailed section regarding obtaining consent to speak with a patient's family

and next of kin. Written consent must be recorded, together with details of the next of kin to contact.

If agreed, a qualified member of staff is subsequently tasked with reaching out to the family and recording vital information. The document includes a section to record the information provided by a family or relative. Obtaining contact information and speaking with the next of kin are now a mandatory task at Langford.

Please be assured that, notwithstanding consent being obtained, family members are still invited to attend the Multidisciplinary Meetings conducted by our Consultant Psychiatrists at the 48 to 72 hour stage. This additional measure will however, seek to reassure families and open a line of communication very early in the process of admission.

Finally, as there have been amendments to our initial processes, training updates have been rolled out company wide. This includes training to staff who triage our initial referral documents, medical doctors who conduct the initial assessments and consultants who oversee our ward rounds and MDT's. All staff have been fully informed of the additional processes and the sensitivities surrounding the nature and detail of the information being requested.

We continue to collaborate with our working partners in continuing to improve and strengthen our admission processes. The Langford Centre is committed to working with its partners in continuing to develop the referral form to ensure that the referring individual is admitted with as comprehensive and robust an account of the patient's risks and circumstances.

We believe that the improvements identified above will enhance our current referral and admission procedures.

I trust that this response provides you with an assurance that action has been taken to address the two specific concerns raised.

Yours sincerely,

A solid black rectangular box used to redact the signature of the Director of Clinical Services & Compliance.

Director of Clinical Services & Compliance.

The Langford Centre.

