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Ms J Kearsley
His Majesty's Senior Coroner
HM Coroners Court
Floors 2&3 Newgate House
Rochdale
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Friday 12 January 2024

Dear Ms Kearsley

Re: Inquest into the death of Donna Marie Donnellan – Regulation 28 Report

I write following receipt of your report to prevent future deaths and to hopefully assuage your concerns that prompted it. At the outset I would like to take this opportunity to offer my sincere condolences to Ms Donnellan's family for their loss.

As you acknowledged in your closing remarks at the hearing in October, the Trust has undertaken significant work alongside Pennine Care NHS FT ("PCFT") regarding the management of adult patients with eating disorders/complex and disordered eating. Nevertheless, it is understandable that some of the evidence heard at the inquest aroused your concern that there remained some uncertainty between the two trusts as to a) their respective roles when managing a patient in this cohort; b) the appropriate pathway available in seeking advice from or referring to the specialist eating disorder service.

I respectfully refer you to the policy Management of Medical Emergencies in Adult Patients with Eating Disorders which can be found in the inquest bundle at §A141-186 (also attached to this response for ease of reference). This policy is finalised and ratified and is now in use within the Trust and was shared again with PCFT on 19th of October 2023 for any suggested revision. Notwithstanding its effect being limited to the NCA it is imperative that both Trusts are sighted on and satisfied with its content, as the successful management of this patient cohort is dependent on a coherent, multi-disciplinary approach spanning both Trusts.

It is hoped that the policy, in conjunction with this response will alleviate your concerns which I will address in turn below:

1. **There was a lack of understanding between the Acute Trust clinicians and the Mental Health Trust as to the role of the Mental Health Liaison Team. Clarity is required as to whether the MHLT when asked to review a patient by the acute clinicians are reviewing so as to (i) make a diagnosis of an eating disorder or (ii) assess and assist in the consideration as to whether the Mental Health Act can be used to treat someone if they are refusing treatment.**

This policy includes definitive confirmation as to the roles and responsibilities of the Trust's doctors, dieticians, nursing, safeguarding and executive teams (§A157-161) and the PCFT Mental Health Liaison Team ("MHLT") working with them (§A158).

As you will note, the policy provision confirms that the MHLT is not expected to make any diagnosis of an eating disorder, but its role is wider than expressed in your report and encompasses advice, assessment and support beyond (but inclusive of) the use of the Mental Health Act.

Regardless of any further tweaks to the policy it is agreed between the Trust and PCFT that this expectation will remain extant within any final, ratified policy.

2. **There was a lack of understanding as to the pathways available to the acute clinicians for making a referral/ seeking advice from the Specialist Eating Disorder Service i.e. the Willows**

Again, notwithstanding the accepted confusion as to this matter during the evidence, the policy is clear as to the pathways available to Trust clinicians in respect of seeking the input of the Community Eating Disorder team in the provision concerning referrals.

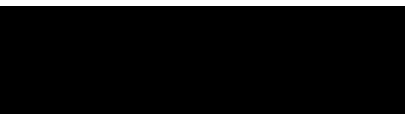
A referral by the Trust clinical team to the Community Eating Disorders team is mandatory on the patient's admission; this referral will be assessed by the Community Eating Disorders team which will act as a central point of coordination resulting in one (or a combination) of the following outcomes: support and advice; MDT attendance, assessment; admission to the unit (§A149-150).


By way of further clarification of the MHLT's role, the provision concerning referrals also requires a mandatory referral to MHLT at the point of admission and includes clarity that the MHLT in response to that referral will provide (amongst other actions) an initial assessment that is "not eating disorder specific" (§A149).

As with the provision concerning roles and responsibilities, the policy effect concerning referrals will remain extant in the final, ratified policy.

As stated at the outset of this response, I sincerely hope that its content will provide you with reassurance that alongside the significant good work undertaken by both Trusts, the Trust has worked quickly with PCFT to resolve any apparent confusion as to roles and available pathways as demonstrated in the evidence.

Yours sincerely




Chief Medical Officer - Northern Care Alliance