

Frimley Park Hospital
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26th February 2024

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HM Assistant Coroner Darren Stewart OBE
Hampshire Coroner's Court
The Castle
Castle Hill
Winchester
SO23 8UL

Dear Mr Stewart

I write in response to the Regulation 28 Report you issued on 20th December 2023, following the inquest into the death of Mr Ryan Evans, which concluded on 23rd January 2023.

Your concern related to the '*referral to Psychiatric Liaison Services for patients presenting with self-harm injuries and suicidal ideation (including those in Police custody) at Frimley Park Hospital A&E, including the extent to which the NICE guidance is complied with or provides effective guidance to staff in such circumstances.*'

I was deeply saddened by the circumstances surrounding Mr Evans' death and I would like to pass my sincere condolences to Mr Evans' family. I hope this letter provides both yourself and the family of Mr Evans some reassurance about the improvements that have been made to the psychiatric liaison referral process since Mr Evans' death in 2018 and since the publication of the NICE guidance in 2022.

Since Mr Evans' attendance at Frimley Park Hospital on 2nd April 2018 there has been a recognition across the whole of the NHS that much more needed to be done for patients with mental health issues, in particular those patients presenting to Emergency Departments.

I hope this letter provides reassurance about the steps taken to prevent future deaths and to ensure that the NICE guideline [NG225] titled '*Self – harm: assessment, management and preventing recurrence*' (September 2022) has been complied with and is providing effective guidance to staff in the Emergency Department at Frimley Health NHS Foundation Trust.

Updated Emergency Department Triage Process

Paragraphs 1.7.12 – 1.7.14 of the NICE guideline [NG225] states:

'When a person attends the emergency department or minor injury unit following an episode of self-harm, emergency department staff responsible for initial assessment or triage should establish the following as soon as possible:

- ***the severity of the injury and how urgently physical treatment is needed***

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- *the person's emotional and mental state, and level of distress*
- *whether there is immediate concern about the person's safety*
- *whether there are any safeguarding concerns*
- *the person's willingness to accept medical treatment and mental healthcare*
- *the appropriate nursing observation level*
- *whether the person has a care plan.*

1.7.13 *When a person attends the emergency department or minor injury unit following an episode of self-harm, offer referral to age-appropriate liaison psychiatry services, or for children and young people, crisis response service (or an equivalent specialist mental health service or a suitably skilled mental health professional) as soon as possible after arrival, for a psychosocial assessment (see the section on psychosocial assessment and care by mental health professionals and the section on risk assessment tools and scales), and support and assistance alongside physical healthcare.*

1.7.14 *An age-appropriate liaison psychiatry professional or a suitably skilled mental health professional should see and speak to the person at every attendance after an episode of self-harm.'*

In response to this NICE guideline and additional guidance from the Royal College of Emergency Medicine (RCEM); '*Mental Health in Emergency Department's – A Toolkit for Improving care*', April 2021, the Trust has now updated its digital triage assessment of all patients attending the Emergency Department to include a mandatory question about a patient's history of mental health and/or self-harm. This question is asked of all patients attending the Emergency Department within 15 minutes of their arrival regardless of the reason for their presentation.

Whenever a patient reveals a history of mental health issues or self-harm, either by overt presentation or by disclosing it when asked at triage, a further mental health assessment is undertaken by a nurse within the Emergency Department. Please find attached a copy of the Mental Health Triage Tool now used in the Emergency Department.

The mental health assessment now undertaken will assess the patient's immediate level of risk, their risk of abscondence and the level of their need for enhanced care to support their attendance. This will guide the clinician completing it as to whether a referral to Psychiatric Liaison Services is necessary.

Based on the outcome of the triage, the clinician will contact Psychiatric Liaison Services to discuss the attendance and seek further guidance. This contact can either be over the phone or in person (Psychiatric Liaison services now have a presence at Frimley Park Hospital 24 hours a day, 7 days a week, 365 days a year.)

If necessary, following this discussion, a referral will be made to Psychiatric Liaison services and a private area of the Emergency Department will be made available, as recommended at paragraph 1.7.15 of the NICE guideline [NG255].

In February 2019 Surrey and Borders Partnership NHS Foundation Trust, the provider of Psychiatric Liaison services at Frimley Park Hospital's Emergency Department, introduced an Operational Policy for the Psychiatric Liaison referral services it provides to a number of acute Trusts including Frimley Health NHS Foundation Trust (copy attached). At page 8 of the Operational Policy sets out:

'Any concerns regarding mental health should be discussed with the Psychiatric Liaison Team.

The team will discuss and prioritise referrals based on clinical need and will respond accordingly to offer advice, review, face to face assessment or consultation based on clinical requirement.

Presentations for referral may include (but not limited to):

- self-harm*
- co-morbid physical and mental health problems e.g. depression*
- dementia*
- delirium, with or without dementia*
- medically unexplained symptoms*
- suicidal ideation*
- psychosis'*

The Operational Policy also sets out at page 4 that any referral from the Emergency Department will be by its very nature an emergency referral and that whilst every referral will need to be triaged to assess for urgency the target is for Psychiatric Liaison services to act upon the referral within 60 minutes of receipt. A review of the monthly audits reveal that over 90% of all referrals are acted upon in less than 60 minutes.

The Operational Policy has been shared with staff working within the Emergency Department at Frimley Health NHS Foundation Trust and the updated referral form is held on the Trust intranet.

In summary, if a patient such as Mr Evans were to attend the Emergency Department at Frimley Park Hospital today presenting with recent self-harm and expressing an intention to commit further self-harm, in line with NICE and RCEM guidance, they would be immediately referred to Psychiatric Liaison services for an in-depth psycho-social assessment.

Training

Clinicians in the Emergency Department are now provided with training on mental health triage assessment during their induction and go on to shadow other staff completing the mental health triage assessments before carrying them out independently.

The Trust has also signed up to a mental health skills module for nurses which began last year and is facilitated by New Buckinghamshire University. Twenty students have completed the 12-week, level 7 training and will work as mental health champions in their respective areas. Thirty more nurses will attend this training in March 2024.

Several bespoke training programmes are also facilitated through the Trust's 'Diverse Needs Programme', part of which covers training on 'Mental Health in Acute Settings'.

Collaboration with other services

In accordance with paragraph 1.1.17 of the NICE guideline [NG255] Frimley Park Hospital and Surrey and Borders Partnership ensure that appropriate joint governance arrangements are in place so that physical and mental healthcare can be delivered together in the emergency department at Frimley Park Hospital. As set out in the NICE guideline this includes the following:

- ***access to electronic record systems for both mental health services and medical treatment at the point of care***
- ***jointly agreed referral pathways for concurrent physical and mental healthcare***
- ***jointly agreed approaches to initial assessment and triage***
- ***monitoring of the use of mental health law and mental capacity law***
- ***joint safeguarding procedures***
- ***jointly agreed nursing observation policies***
- ***referral pathways to appropriate community services.***

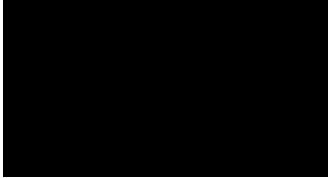
Teams from Psychiatric Liaison services from Surrey and Borders Partnership, the Emergency Department at Frimley Park Hospital and Surrey Police have monthly meetings to discuss the practical points of the working relationship, the referral process, and evolving issues and themes. This is attended by the Deputy Chief Nurse and the Trust lead for Mental Health.

A further Mental Health Steering Group meeting is undertaken every two months with a standard template agenda based around the recommendations listed at paragraph 1.1.17 of the NICE guidance. This includes specific discussion and sharing of information between and across services regarding training needs and compliance, incident learning and escalation, audit, and policy availability and adherence. Themes of the meeting are then escalated into the Executive Safeguarding and the Mental Health Committee which ultimately reports to the Care Governance Committee and the Trust Board.

Both the initial Emergency Department triage and the mental health assessment form are now held electronically on the Trust's electronic patient record, to which the Psychiatric Liaison services team have access. This means that, if necessary, a patient's entire medical record can be referred to by Psychiatric Liaison services.

Once again, I am very sorry for what happened, and the gaps identified in the care of Mr Evans. I hope that this provides the assurance that you will need on the actions we have taken but if I can be of any further assistance, please do not hesitate to contact me.

Yours sincerely



Chief Executive