

Corporate Services
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[REDACTED]
[REDACTED]
[REDACTED]
26 March 2024

HH Clement Goldstone KC
Assistant Coroner sitting in the Coroners' Areas of Derbyshire

Dear Sir

Re: Regulation 28 response: an inquest touching the death of Sobhia Khan

May I first begin on behalf of the Trust by conveying my deepest condolences to the family of Ms Khan for their loss, which is most tragic, and our thoughts are with them.

The Trust notes that the Prevention of Future Death Report is wide ranging and encompasses different areas, some of which are out of the control of the Trust as they would require legislative changes. In answering below, the Trust has focused on those matters that are under its control as an organisation.

Scrutiny of s. 41 cases by the Mental Health Review Tribunal ("MHRT")

Whilst it is acknowledged that [REDACTED] was discharged by another Interested Party to the inquest (namely Cygnet) the Trust does operate a low secure male unit within its healthcare portfolio and would like to offer assurance that it seeks to utilise the tribunal process as the norm for discharges of patients subject to s. 41 MHA restrictions.

The Trust's standard practice for discharge is to engage the receiving community service approximately 6 months prior to discharge. To ensure that the patient is ready for discharge the Trust utilises the Assertive Transition Service from IMPACT (see below for an explanation of what IMPACT is) during the patient's leave prior to discharge. To allow for oversight at a collective level, the IMPACT Case Manager for the patient will routinely be invited to MDT, CPA meetings and 117 meetings. They are also kept informed of discharge plans.

Ensuring that s.41 restricted patients are supervised under a forensic pathway

With the support of commissioners, the Trust has invested into a Forensic Community Mental Health Team ("FCMHT") over a 4-year period. The sum invested is £2.7 million. The monies provided have created a full multi-disciplinary team which provides care to the patients of Derbyshire. The approach taken by the FCMHT is guided by evidence from The Royal College of Psychiatrists and NHS England. The Trust is mindful of the complex nature of those patients who are under the care of the FCMHT and as such seeks only to recruit experienced clinicians.

The Trust still has a small number of patients subject to s. 41 restrictions who are not under the care of the FCMHT. This approach is based on clinical need and the progress to recovery each patient has made; balancing the potential benefit of being supported by a FCMHT against the potential for a new clinical team in destabilising their recovery. Where clinicians do hold a restricted s. 41 patient on their caseload, they are mandated to receive forensic clinical supervision from the FCMHT. More broadly the FCMHT reviews any s. 41 restricted patient who are not under the care of the FCMHT to ensure they are receiving the appropriate level of care, support and supervision as would be expected of a patient subject to restrictions.

In addition to the above, the Trust is an active member of IMPACT – the East Midlands Provider Collaborative made up of nine NHS and independent sector organisations that jointly provide specialised mental health services for patients.

Clinicians should be provided with full reports when considering discharge

The Trust is conscious that clinical teams, the Ministry of Justice and the MHRT rely on the information that is provided to them to consider risk and understand their own role in a patient's care. To that end the Trust's FCMHT has been provided with training on report writing to ensure that the information contained within the reports that it writes (to other clinicians, to MHRT and the MoJ) are of the standards associated with a FCMHT.

Further, and in addition, specific training has been completed with those that undertake the social supervision role so that it is clear what standards and expectations are required. Any report written by a social supervisor employed by the Trust is scrutinised by a senior member of the FCMHT prior to being submitted.

Where required and appropriate to the clinical discussion the MoJ is invited to attend and contribute to MDT meetings.

Over-reliance on self-reporting

The initial assessment of a patient before they are accepted into the FCMHT will be conducted by two staff members followed by a full MDT discussion – the purpose of this approach is to reduce the possibility of having a subjective view of a patient's need and risks. The FCMHT are trained in conducting structured risk assessments to assess the level of risk posed and structured diagnostic assessments to support diagnosis. These tools are used to augment subjective clinical decision making with objective measures of assessment. Examples of the tools used: the Psychopathy Checklist and International Personality Disorder Examination Assessment.

Employees working in the FCMHT have received external clinical supervision from an expert within Forensic Services to assist with analysing and understanding risk. The FCMHT has also accessed specific training around the management of patients subject to s.41 restrictions provided by the MoJ.

The forensic pathway (both the FCMHT and inpatient teams) meet on a weekly basis to enable additional clinical discussion and scrutiny of cases that are causing clinical concern.

The aforementioned Forensic Supervision offered by FCMHT for clinicians in CMHT provides safeguards against over-reliance on self-reporting as the risk based

approach would foster clinical curiosity.

Record keeping

During the time [REDACTED] was under the care of the Trust it transitioned from hardcopy records to an electronic patient record, PARIS. Since that time, the Trust has now adopted System1 as its electronic patient record system across all its services. This enables all services to see what information is inputted by other services within the Trust. In addition, Trust clinicians can see information inputted by GPs and colleagues from the local community Trust enabling better, more holistic, care.

The Trust conducts ongoing record keeping audits of the medical records of all patients who are subject to a s.37/41 to ensure that they meet the standards required. This audit process is reinforced by a robust supervision process for all nurses / AHPs working with those patients.

Familiarisation of professionals with cultural issues

The Trust recognises the importance of caring for an individual holistically and considering all facts that are relevant to a bio-psycho-social model of care.

The FCMHT has undertaken shared cultural awareness training with the police and probation to explore unconscious bias, family loyalty etc. A gap analysis of all staff training is being conducted to further understand what areas are already strong and which areas are to be improved, this analysis will include whether there is a need for further cultural awareness training.

More widely throughout the Trust, it has employed an Equality, Diversity and Inclusion Lead who offers support to employees when needed to help navigate challenging cultural normal within specific cases.

I hope that this information reassures you and the family of Ms Khan that steps have already been taken to address the issues raised in the Prevention of Future Death report however if I, or the Trust, can be of any more assistance, please do not hesitate to contact me.

Yours sincerely

[REDACTED]

[REDACTED]

CHIEF EXECUTIVE