

**PRIVATE AND CONFIDENTIAL**

Alison McCormick  
Assistant Coroner for Berkshire  
Coroner's Office  
Reading Town Hall  
Blagrove Street  
Reading  
RG1 1QH

08 May 2024

**Re: Inquest touching the death of Sarah Adams**

Dear Madam

I write in relation to the above inquest which concluded on 18 March 2024.

On 20 March 2024 you made a report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. Your report was sent to Berkshire Healthcare NHS Foundation Trust ("Berkshire Healthcare"), Cygnet Hospital Harrow, and Reading Borough Council, Adult Social Care. I am writing to provide you with the Berkshire Healthcare response to your concerns which relate to ensuring practitioners are trained in the discharge process.

The discharge process for patients admitted to our inpatient services or to out of area placement, starts at the point of admission. This process involves community mental health teams and partner agencies such as Adult Social Care and, in the case of out of area placements, agencies such as the Cygnet Hospital, making plans for the support required by the patient at the point of discharge.

All clinical staff in the Mental Health Divisions undertake Clinical Risk training which includes a focus on admission and discharge from inpatient services. We have now reviewed and revised this training offer across the organisation to ensure that moving forward there will be an increased focus on high-risk situations such as:

- Periods of transition of care between services or organisations (as this is known to be a high-risk period).
- Those placed in out of area placements.
- The importance of clear communications and responsibilities in the discharge plan and steps that will be taken to ensure the plan is carried out; and
- 72 hour follow up process.

These modifications to the Clinical Risk training and guidance further strengthens the training already in place which complies with national guidance. It aims to enhance staff knowledge and skills by providing additional guidance and clarity on the importance of defining, agreeing, and clearly communicating roles, responsibilities, and timelines. The new Clinical Risk training started on 1 May 2024. An enhanced group

supervision process has also been developed to run alongside the training to ensure practice is reflecting the expected standards.

In addition, each service has a local induction training programme for new starters to undertake. For services that manage discharges from inpatient settings, including out of area placements, each new starter to the team undergoes on the job training by way of shadowing colleagues completing discharge processes. New starters within inpatient settings have a period of being supernumerary to facilitate the experiential learning of these routine processes. Community team practitioners with caseload management responsibilities receive support from senior colleagues in supervision to ensure discharge processes are followed and managed safely. Discharging people from mental health hospital settings is a routine and everyday occurrence. This allows staff plenty of opportunity to embed the processes from the point they are inducted into their role with the trust.

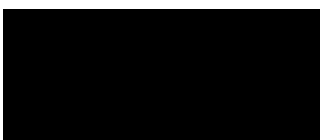
Our Crisis Response Home Treatment Team (CRHTT) have a Caseload Coordinator role who has a focus on CRHTT discharge planning. They are responsible for the liaison between the host ward (whether out of area or local) and transition into CRHTT where appropriate. They ensure that agreed discharge plans and actions for CRHTT are clear at the point of discharge and are documented, implemented, and followed up.

Further guidance on discharge protocol is available for staff in our Trust policies namely, Risk Assessment / Management in Secondary Care Mental Health, Learning Disabilities Services and CAMHS Policy [CCR003], Clinical Risk and Safety Planning Documentation Guidance, and the Admission, Discharge and Transfer Policy [CRR045]. We have also strengthened our guidance to teams on the 72 hour follow up to give staff additional information around this process including guidance on patients that refuse to be seen during this period.

Finally, more broadly, the Care Programme Approach (CPA) process is presently in the process of changing, in line with guidance from NHS England and the national Community Mental Health Framework. The aim is to ensure that everyone receives the same level of care, including a named key worker for all service users but with a multidisciplinary approach that must be integrated with social care and the voluntary, community and social enterprise. Every member of the MDT will play a prominent role in sharing responsibility for an individual's care, and it will be the MDT playing the coordinating role across the various organisations and sectors. This will include the responsibility for discharges from inpatient settings. Significant work has been undertaken to review caseloads, improve risk documentation and safety planning as well as updating pathways and links with Voluntary, Community and Social Enterprise organisations.

As a Trust, the safety and wellbeing of those we provide service to is paramount and despite the unfortunate circumstances in which this query has arisen, we welcome the opportunity HM Assistant Coroner has provided for us to review our training provision concerning the discharge process and we have taken this opportunity, as we do with all inquests, to learn from this experience and implement steps to ensure that we continue to provide the best quality care.

Yours sincerely



**Chief Executive**