

██████████  
Coroner's Court Officer  
Reading Town Hall  
Blagrove Street  
Reading  
RG1 1QH

██████████  
Date: 13<sup>th</sup> May 2024

Your contact is: ██████████ - Assistant Director for Operations

Dear sir/madam,

1. This is Reading Borough Council's ("RBC") response to Preventing Future Death ("PFD") report issued following the inquest touching upon the death of Sarah Elizabeth Adams heard between 5 and 8 March 2024, pursuant to coronial powers under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.
2. At the conclusion of the inquest, the Coroner found "Ms Adams died by suicide; however, her death was more than minimally contributed to by care and service delivery issues around her discharge from a voluntary in-patient hospital admission for a relapse of her longstanding paranoid schizophrenia and an intentional medication overdose." The subsequent PFD report was issued in relation to the following matter giving rise to concern: "That clinicians and other hospital, mental health Trust and Social Care practitioners involved in the discharge of patients from in-patient mental health admissions are not trained in the discharge process generally and specifically the issues which may arise in respect of out of area admissions". This is RBC's response.
3. The policy governing RBC's social care involvement in hospital discharges is our Standard Operating Procedure (SOP) of Psychiatric Hospital Discharge (a copy of which is attached).
4. This "outlines the standard operating procedure for the timely discharge of individuals from psychiatric hospitals in Reading" in circumstances when an individual is classified as medically fit for discharge by a multi-disciplinary team. RBC is guided by an approach whereby "from the time at which someone is admitted to hospital, planning should begin for their discharge".
5. The SOP sets out that: "Most psychiatric hospital discharges where an individual is moving to a community setting (either still under section or with the section lifted) are arranged through the Care Programme Approach (CPA). CPA is a multidisciplinary approach to supporting individuals after discharge with a care plan, care coordinator and ensuring a crisis plan is in place." Further, the SOP states that "the CPA will combine eligibility under each of these Acts to form a single, cohesive support plan".
6. The SOP sets out in pathways the processes, conditions, services provided by Adult Social Care dependent on assessments, review and follow ups.

7. The SOP notes that “the pathway is dependent on the service user’s circumstances and whether a short-term or long-term change needs to be made to the care package. The allocated worker will continue to hold the case until the service user has either settled into their placement or they have returned to being primarily under the care of health services.”

8. With regards to circumstances in which Mental health beds are occupied by patients who are medically ready for discharge, this is set out in Appendix A of the SOP:

Individuals are considered medically fit and ready for discharge (MFRD) when all three of the following conditions are met:

1. No further interventions are needed that can only be carried out in an inpatient setting  
The person could be assessed, cared for and treated in their home or a less restrictive setting

2. The multidisciplinary team (MDT) conclude that the person is medically fit and ready for discharge

The MDT will include parties external to the trust (for example, social care staff). This involves considering issues such as housing, family/carer needs and the support available in the community, to decide whether discharge would be appropriate. When deciding whether someone is ready for discharge, members of the MDT should explicitly consider the person and their family/carers’ views about whether the person feels ready for discharge and engage with them about the proposed discharge plan.

3. An adequate person-centred discharge has been agreed with the person to carry out any necessary assessments, care and treatment in the community.  
This will provide clear information about the proposed discharge process and enable the person and their family/carers to shape decisions about discharge.

Once all three criteria are met, the person is medically fit and ready for discharge. Medically fit does not indicate complete recovery, instead it is the point at which the person could be safely assessed, cared for and treated in their home or a less restrictive setting. It is important that all three criteria are met rather than only one or two.

Being medically ready for discharge does not mean that the person should be rushed to discharge if the conditions are not in place to continue their recovery outside of hospital with the adequate support/services in place.

9. We confirm that all Adult Social Care practitioners involved in discharge planning are required to know and act in accordance with the SOP. Precise processes regarding discharge planning may differ from Trust to Trust.

10. With regards to local arrangements, the SOP notes that: Berkshire Healthcare NHS Foundation Trust are currently funding a Social Worker and Occupational Therapist based in Prospect Park Hospital to facilitate discharges as part of the Reading ward liaison team alongside health staff. These staff have access to health databases, so can see details of all Reading patients and their journey towards discharge. From the time at which someone is admitted to hospital, planning should begin for their discharge.

11. RBC is aware of the fact that out of area admissions have become more frequent over the last year as the bed base within Berkshire Healthcare NHS Foundation Trust is reduced and are frequently at capacity. As indicated, in all hospital discharges, the SOP is followed, regardless of area. In addition, Adult Social Care would request that no discharge is made until RBC have had 24-hour notification of this and have confirmed or agreed that care is formally in place, or alternative arrangements have been made. In the case of Sarah Adams, Adult Social Care were not informed of the discharge.

Kind regards,



Reading Borough Council  
Executive Director for Communities and Adult Social Care