



Senior Coroner Nigel Parsley
Suffolk Coroner's Court
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E mail: [REDACTED]
By email only

NSFT Trust Management
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Date: 25 July 2024

Dear Coroner Parsley

Regulations 28 and 29 (coroners investigations regulations 2013) notification made in response to the death of Katie Madden

I write in response to the Regulation 28 report made on 30th May 2024 in respect of concerns raised at the inquest touch the sad death of Kate Madden which concluded on 21st May 2024.

It appears from the report that paragraph 5 of the concerns raised relate to NSFT, namely:

In 2022 it was recognised by a Clinical Psychologist that Kate could benefit from Schema-based Cognitive Behavioural Therapy, which is not routinely available on the NHS.

The psychological review had been ordered by the Family Court, and funding for this course needed to be applied for.

Applying for funding involved requests to the Legal Aid Board, Integrated Care Board (Individual Funding Request), Wellbeing Service and Social Services, none of whom provided the funding, with each suggesting contacting one of the other agencies involved.

An experienced mental health clinician with many years' experience described the 'whole route as very complicated' and 'it was difficult to find a solution for funding'. In addition, funding was very rarely made available, and as a service they were usually unable to meet patient expectations (who believe a treatment might be made available), where in reality it almost certainly would not be available.

NSFT is commissioned to provide mental health services within Norfolk and Suffolk. For service users under the care of NSFT, where a need for treatment that cannot be provided by NSFT is clinically indicated by NSFT clinicians, a process for requesting individual funding is available by way of request to Norfolk & Waveney Integrated Care Board.

Where an individual is not under the care of NSFT and a need for treatment is recommended by clinicians instructed privately, independently, and/or for purposes other than mental health provision to recover activities of daily living, as was the case for Ms Madden, two issues arise:

1. If assessed by NSFT clinicians, would the same recommendations for treatment result; and
2. If not, how to manage a service user's expectations when they have been advised by non-NSFT clinicians of their recommendations.

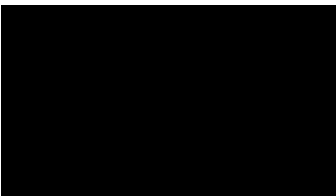
In this matter, Ms Madden was informed by the non-NSFT clinician that the recommended treatment may be available on the NHS and if not, could be sought out privately (with information on where to find details).

In view of the above, NSFT has asked all clinicians that receive referrals into services to identify those where treatments have been recommended by non-NSFT clinicians in order to offer an assessment prior to signposting elsewhere on the basis that:

- there may be an alternative treatment available within NSFT services that is appropriate and could be offered, based on NSFT clinical assessment; and/or
- if NSFT clinicians agree that a treatment not available within standard services is required and individual funding should be sought, they can submit this application in collaboration with the service user; or
- if NSFT clinicians do not deem the recommended treatment to be necessary/appropriate, they can provide the service user with a clinical rationale for this and signpost them to other agencies such as charities/private providers who may be able to assist.

I am aware that our Clinical Director attended the inquest to give evidence and I wish to reiterate the sincere condolences offered by him at inquest to Miss Madden's loved ones in such tragic circumstances.

Yours sincerely,




Chief Executive Officer