NHS
Surrey and Borders Partnership
NHS Foundation Trust

11 November 2024

Private and Confidential

[redacted]
Chief Executive

Ms Caroline Topping
Assistant Coroner for Surrey
Sent by email:
[redacted]

Chief Executive's Office
Surrey and Borders Partnership NHS Foundation Trust
18 Mole Business Park
Randall's Road
Leatherhead
KT22 7AD

Dear Ms Topping

Helen Kerr (deceased)
Regulation 28 Report to Prevent Future Deaths
Response from Surrey and Borders Partnership NHS Foundation Trust ("the Trust")

Thank you for the Regulation 28 Report to Prevent Future Deaths (PFD report) dated 18 September 2024, in relation to the inquest touching the death of Helen Kerr. I have considered the report carefully, together with the Trust's Chief Medical Officer, the Chief Nursing Officer and other senior colleagues from the relevant divisions.

In the PFD report, you highlighted that a considerable amount of evidence has been provided by the Trust of the changes around processing referrals into our services. In particular, the PFD report notes that referrals into the Single Point of Access ("SPA") can now be made by voluntary agencies and new protocols require more senior oversight of triaging decisions and recording of collateral information from referrers.

In addition to the above improvements, the Trust website was updated to provide detail to external professionals on the different routes for emergency, urgent and routine referrals. There is now greater collaboration with family and referrers, supported by changes to the SBAR (a structured tool for communicating and sharing information which requires recording of the Situation, Background, Assessment and Recommendation) to now include carer/family views which are factored into decision making.

The implementation of the new SPA procedures is currently subject to testing in line with our quality improvement approach. The aim of this is to provide assurance that the new processes are applied consistently and are embedded. We have introduced a quality control process within SPA and the ongoing testing and review will allow us to identify other ways in which the service can be optimised As part of this work, we are taking additional steps to enhance the out of hours offer.

During the inquest, the Trust also provided written evidence of improvements that had been implemented in the Psychiatric Liaison Service ("PLS"), particularly in relation to ensuring that collateral information is obtained. The PLS Standard Operational Policy ("SOP") has now been updated to reflect these changes. This document was ratified and disseminated to all PLS teams in September 2024. The improvements include an emphasis on identifying relevant sources of collateral information and the process that should be followed when a clinician is unable to access relevant collateral information. It outlines that, in these circumstances, consideration should be given to delaying discharge to allow further attempts to obtain collateral and formulate a safe discharge plan. Further changes to the SOP include greater emphasis on staff utilising support of other practitioners when lone working to assist decision making.

A random dip audit of assessments across our five PLS services in September 2024 confirms a trajectory of improvement in that collateral information was sought in 90% of cases, as compared to 80% when the same audit was conducted in June 2024.

Further progress has been made in the development a digital solution which will more robustly support the obtaining and recording of collateral information. A collateral history section has been added to the new PLS assessment template as a mandatory field. There is also a section where a reason must be provided if collateral information has not been obtained. The roll out of the new assessment template has been expedited to the Psychiatric Liaison Services and is currently being tested in two of our PLS services as part of our quality improvement approach and in order to trial clinical effectiveness. Full roll out is anticipated to be completed by the end of 2024.

Alongside the changes to the SOP and the digital assessment template, a case formulation and presentation outlining the learning from Ms Kerr's inquest has been developed by one of the divisional Nurse Consultants. This provides a forum for reflection and learning to ensure that clinicians understand the factors that were relevant to Ms Kerr's sad death, and their responsibilities in implementing the improvements that the Trust has made. The case formulation supports the translation of the learning into changes in practice and will have been presented to all PLS teams by the end of November 2024.

Further learning is reflected in the production of training which has been developed and rolled out across our i-access services. This focuses on recognising signs and symptoms of psychosis and the importance of a timely referral to mental health services for assessment. To date, 86% of relevant staff have viewed this training and it is planned that the remaining staff (who have been unable to do so due to absence from work) will have viewed this by 15 November 2024.

The PFD Report also outlines a concern that the Single Combined Assessment of Risk Form, known as a SCARF, does not enable information sharing between organisations out of hours. The purpose of a SCARF is to help police officers to record and raise safeguarding concerns and observations about the needs, vulnerabilities and risk issues relating to those who come into contact with the police. A SCARF is not designed to be used to access crisis support or obtain emergency assistance. If the police have concerns which require urgent attention or advice, there is a dedicated Professionals Line which operates 365 days a year, 24 hours a day.

The Professionals Line number is published on the Trust's website and can also be accessed by any healthcare professional, or voluntary or statutory agency where an urgent discussion is required. This allows professionals, including from the police or social services, to share or request critical information in an immediate timeframe to help inform decisions about people they have come into contact with. Furthermore, the Trust has a Crisis Line that anyone with concerns about their own mental health or someone else's may use. This also operates 365 days a year, 24 hours a day.

The SCARF process is therefore only a way of sharing information between organisations and, where there is an urgent need, the crisis referral pathway should be used.

The other matters within the PFD Report relate solely to Surrey Police and I will therefore allow that organisation to address those issues directly.

On behalf of the Trust, I would like to offer our sincere condolences to Ms Kerr's family for their loss.

Yours sincerely,

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Chief Executive