[redacted]
Chief Medical Officer
Trust Headquarters
Lawton House
Bellringer Road
Trentham
ST4 8HH

Date: 6th June 2025

Reference: [redacted]

Emma Serrano, Area Coroner
Stoke-on-Trent & North Staffordshire Coroner
Stoke on Trent and North Staffordshire
Stoke Town Hall,
Kingsway,
Stoke-on-Trent,
ST4 1HH

Email: [redacted]

Dear Miss Serrano

Regulation 28 Report – Prevent Future Deaths – William Anthony Grieve

During the course of the inquest for William Anthony Grieve which concluded on 17th March 2025, the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.

The **MATTERS OF CONCERN** are as follows:

(1) Evidence emerged during the inquest that Mr Grieve was under the care of Stoke Talking Therapies, and had also presented at the Stoke Crisis Resolution Evolution Team. Both had conducted suicide risk assessments of Mr Grieve.

(2) Both assessments, were incorrect, and took account of incorrect information because neither team had access to the others computer system. Stoke Talking Therapies used IAPTUS and Crisis resolution used Lorenzo. There was no way for either team to see the others electronic notes.

(3) It was said in evidence, that a member of staff had not carried out a risk assessment properly whoever, nothing had been done to address this and there were no plans to address this. The concern being that staff training needs are not being addressed.

Trust responses to Matters of Concern Above (see appendix 1 for Action Plan)

(1) We agree with this statement.
A patient at any given time can have touch points/points of entry with different mental health services dependent upon their clinical need at that time. Each clinical team will undertake a clinical assessment in that moment including risk assessment in order to formulate how best to support those needs. More than one risk assessment could be open at any given time when patients are accessing different services.

It is important that services are accessible and responsive to changeable and different needs at any time, it is quite often the case that people can be open to several services at the same time.

(2) Nationally IAPTUS are not set up to share their electronic patient records as the provider of this system has outlined below the reasons for this:

Secondary care providers do not have access to the IAPTUS system. There are important, considered, reasons for this.

i. Talking Therapies in Staffordshire and Stoke on Trent treat a large number of NHS staff for therapy. They have been consented that their notes will remain confidential from other NHS services unless there are issues of risk or safeguarding, to assure them that their colleagues will not be able to view those psychological therapy notes. To open this access to IAPTUS and other NHS Staff poses a risks of breaches of confidentiality and a risk that staff will no longer come forward to access the service.

ii. All patients have been consented on the basis that only their direct care team will have access to their notes. As around 30,000- 40,000 patient records are created annually on the system, it would be impossible to re-consent those people historically if access to the system was to change.

iii. Staff supervision notes, which are notes which document oversight and input from a supervisor and any guidance provided to ensure the quality of the service provided and to ensure that staff receive the necessary support and feedback to perform their roles effectively, are held on IAPTUS. They are held separately to patient records. There is no way of restricting access to these notes to other users.

iv. If access were to be widened (which due to points 1,2 and 3 above is currently not something we are considering) additional user accounts would need to be created.

v. If access were given to NSCHT staff, equivalent access would need to be offered to all partners organisations on the contract making the system unwieldy. Very complex Data Protection Impact Assessments would be required regarding information sharing due to the complexities of the number of partner organisations working on the contract and the information all of them would be able to view.

vi. Nationally, it is not usual practice that secondary care staff have access to the Talking Therapies record system for the clinical and cost reasons outlined above. If urgent or serious risk presents in Talking Therapies services, it is standard and expected practice that these risks should be escalated to secondary care within the system immediately as per Talking Therapies national guidance, due to there being no medical staff in the team to advise on this.

vii. There is no block within the IAPTUS system to enable users to access only parts of the notes – if access is grated the entire record, plus supervision notes, will be viewable.

An Integrated Care Record (ICR) – already exists and NSCHT, MPFT, UHNM and GP services each extracts an agreed dataset of information to this ICR system and NSCHT aim to take forward discussions with MPFT to do the same from IAPTUS electronic patient record to mitigate some of the system issues raised.

(3) This evidence was in relation to a member of staff within the Crisis Resolution Home Treatment Team (CRHTT), not Talking Therapies.
Upon further review, risk assessments were completed for Mr Grieve. Early organisational learning has led to a review of the standard operational procedure for service users who do not attend appointments the principles of this being adopted immediately whilst awaiting Trust governance approval processes.

Please see attached action plan below. Do not hesitate to contact me should you need any further information.

Yours sincerely

[redacted]

[redacted]
Consultant Psychiatrist
Chief Medical Director

Action Plan **Appendix 1**

Area of Concern	No	Identified Action	Lead	Completion date	Assurance
Both assessments, were incorrect, and took account of incorrect information because neither team had access to the others computer system. Stoke Talking Therapies used IAPTUS and Crisis resolution used Lorenzo. There was no way for either team to see the others electronic notes.	1.	NSCHT will initiate discussions with MPFT Information Governance Team and Digital team regarding the inclusion of talking therapies data within the integrated care record. This will include a discussion regarding the proposed dataset of information to be extracted to the integrated Care Record.	[redacted]	31st July 2025	
	2.	Assurance in the interim NSCHT plan to: ○ Protocol agreed – IAPT (now Talking Therapy Services) check Lorenzo when new referrals are received – this is done once. At Assessment and the first treatment appointment the patient is asked if they are involved in services. Note: there are issues sometimes with person remembering who they are involved with. ○ Crisis Resolution and Home Treatment Team (CRHTT)/IAPT – have in place a process – ask at every contact (not every contact-beginning of treatment, during and towards the end) if they are open to any other services, which works as follows: ○ IAPT (now Talking Therapies) - At initial assessment we ask if patient is or has accessed other mental health services, we are adding some narrative to this to advise	[redacted]	Ongoing	

		patient to make us aware that if this occurs between appointments then they need to let us know. Risk and safety plan is reviewed at each appointment and should pick up any changes to risk and the initial risk assessment. ○ CRHTT every patient is asked on each occasion if they are accessing other mental health services. ○ CRHTT – If the person is open to Talking Therapies, CRHTT will inform Talking Therapies of this through an email to the appropriate Talking Therapies team email address and consider this information during the assessment and review of risks. ○ Onus is still on the clinician to find out the information regarding current access to services.			

It was said in evidence, that a member of staff had not carried out a risk assessment properly whoever, nothing had been done to address this and there were no plans to address this. The concern being that staff training needs are not being addressed.	1.	This was not done as a response to receiving this PFD – this work was already planned in line with national guidance and MPFT/Talking Therapies have introduced a new risk assessment process which was launched on 01/05/2025 – all staff have been either offered training, attended or watch a video.	[redacted]	Completed.	
	2.	Early organisational learning from this incident has led to a review of the standard operational procedure (SOP) for the Management of Non-attendance (DNA means 'did not attend' and WNB means 'were not brought') and Ineffective Contacts within the Crisis Resolution and Home Treatment Team (CRHTT) has been developed by NSCHT and is currently proceeding through the Trust's governance channels.	[redacted]	31st July 2025	