

30 June 2025

Trust Management Headquarters
Yeovil District Hospital
Higher Kingston
Yeovil
BA21 4AT

Mrs S Marsh
c/o Somerset Coroner's Court

Sent via email to

Dear Mrs Marsh

REGULATION 28 REPORT – PREVENTION OF FUTURE DEATHS – Jacqueline Anne Potter

I am writing in response to your correspondence dated 24 April 2025 regarding the Regulation 28 Notice of the Coroner's (investigations) Regulations 2013 following the inquest regarding the death of Jacqueline Anne Potter which concluded on 7 March 2025.

We have set out the matters of concern as raised in the report below and our response to them.

MATTERS OF CONCERN

Part One

1. Lack of Risk and Safety Planning document for section 17 (MHA) leave

Following the concerns raised by the family and the coroner in Mrs Potter's inquest, the Mental Health and Learning Disability Service group have developed supportive guidance for families and people who matter when a patient is on Section 17 Leave from an inpatient unit. This is currently out for feedback from teams and will be shared at the operational meeting next month for approval prior to production via the patient information team. We will also be sharing the draft document with service users and carers to ensure it covers the information that they feel is necessary to support them.

We believe that this document will provide additional support and information for families and people who matter to give them the knowledge to assist them with understanding the purpose of leave, their role and contact details should they require advice and guidance or emergency support.

The document sets out why Section 17 Leave is beneficial to patients, how and by whom it is granted, an explanation of risk assessments that are carried out ahead of leave, and what the role of the family member or carer is during that time.

The role of the family/carers is described as providing a safe and calm environment during the period of leave, encouragement of routines such as regular meals and medication, to act as a point of communication with any concerns to hospital staff and to assist the patient to return on time as agreed. There is also the option for the relative or carer to discuss any concerns with this level of responsibility, and to not accept it if they feel unsure or unable. There is also key information if they have concerns of who to

contact, what numbers to use and what concerns they may want to call the inpatient ward about if they are unsure.

The guidance stresses there is support available 24 hours a day, even if it is just to seek some guidance and who to contact in a more urgent situation.

2. Wi-Fi access whilst in an inpatient mental health unit

Following the inquest, further enquiries were made on this point within the Trust with our cyber security manager.

All Trust devices accessible to patients on our inpatient mental health units have parental control software installed which filters out inappropriate content and restricts access to harmful material. This is in addition to security features on our Wi-Fi which blocks certain categories from view as part of our web filtering policy. This is a Trust wide approach.

Additionally, some desktop devices in some inpatient mental health sites have a browser extension loaded onto the device which will divert users away from certain search terms to a free, 24/7 mental health support site. This can only be used on PCs and is not suitable for mobile devices, but it effectively blocks patients accessing this type of information when they use a search engine on a ward PC e.g. google, safari. Our IT team explained that they could not currently see that this programme is available to download onto mobile devices.

Private devices would not connect to the Trust Network, due to security reasons, and instead would connect to the public 'NHS Wi-Fi' which is essentially a connection straight out to the internet. Any changes made to this connection would have to be made county-wide and would affect all devices which connect to it.

The Trust has a Standard Operating Procedure for our mental health wards which outlines the parameters for use of Trust and personal IT equipment on the wards and includes guidance on when access to mobile phones and the internet may be restricted or withdrawn. The guidance lists considerations of risk related to the use of mobile phones, including if the patient has a history of accessing self-harm or suicide related websites.

Part 2

3. Menopause and Mental Health

We have previously responded about the changes that have occurred at Somerset NHS FT over the last 2 years in relation to education and training around the link between mental health and menopause.

There is an ongoing task and finish group which is leading on this piece of work and has focused on improving clinicians understanding of what to look for, ask about and consider when assessing patient who may fit in this category. If there is a potential consideration, we add a prompt to our electronic patient record, Dialog+, to ask these questions. Whilst it is not expected that mental health clinicians will make a primary diagnosis of menopause we expect it to be on the list of considerations of patients who meet the criteria. For the clinician there must be consideration of what Mental Health and menopausal symptoms might look like, with an awareness of potential for overshadowing, and the need to establish a proper history from the patient. This is supported by the training offered by the Royal College of Psychiatrists and internal training.

We also recognise the importance of, and support colleagues to undertake, screening and signposting patients to other services and websites which offer support and guidance for those who may meet the criteria for menopause to be considered.. This includes the updated NICE guidance, [Overview | Menopause: identification and management | Guidance | NICE](#). The 2024 update includes the consideration of psychological support for early menopause and cognitive behavioural therapy as a possible management option. There is also additional guidance on the use of HRT for the management of depressive symptoms, which do not meet the criteria for a diagnosis of depression, associated with menopause within the guidance which can provide a first line approach for GP's managing patients and for mental health professionals to highlight in communication with the patient's GP if they feel the patient meets this criteria.

We still have the benefit of having the Director of General Practice working at the Trust who is a specialist in menopause management. This is not something many secondary care providers have. Dr Patrick supports the mental health team and the wider trust in providing up to date education and support, which involves training sessions of what to look for and consider, and where to signpost. There are further dates for training for colleagues being arranged.

I hope that the above information has been helpful. Can I also take this opportunity to express, personally and on behalf of the Trust, my condolences to the family of Mrs Potter, for their loss.

Please do not hesitate to contact me if you require further information.

Yours sincerely



Chief Executive
Somerset NHS Foundation Trust