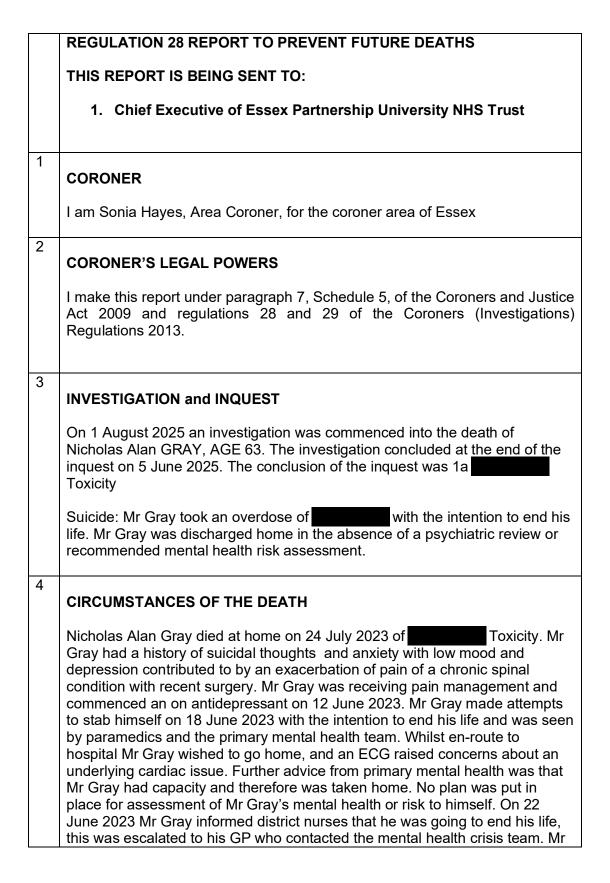
REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

NOTE: This form is to be used after an inquest.



Gray was conveyed to hospital. On 23 June district nurses updated the acute trust nurse that Mr Gray had knives in his bed at home, had attempted to hang himself, were concerned about Mr Gray's safety at home and asked that he have a mental health assessment prior to discharge. Mr Gray was reviewed by and closed to mental health services on 24 June with no further action. Mr Gray was not referred to the psychiatrist during his 3-week admission and not reviewed by mental health services prior to discharge. Mr Gray received treatment for his physical healthcare and alcohol withdrawal and discharged on 17 July 2023.

5

CORONER'S CONCERNS

During the course of the inquest 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) The Trust PSIRF Decision Monitoring Tool completed after Mr Gray died contained inaccurate information, the dates of EPUT contact and the substance of the interactions were inaccurate:
 - a. Self-harm was noted as "none known or recorded"
 - b. There was no record of the mental health liaison nurse review on 24 June 2023 and the discharge of Mr Gray from EPUT.

The information used to inform a potential investigation requirement contained significant omissions and was not consistent with the information known to the Trust.

6

ACTION SHOULD BE TAKEN

In my opinion action should be taken to prevent future deaths and I believe you and your organisation have the power to take such action.

7

YOUR RESPONSE

You are under a duty to respond to this report within 56 days of the date of this report, namely by 31 July 2025. I, the coroner, may extend the period.

Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise, you must explain why no action is proposed.

8

COPIES and PUBLICATION

I have sent a copy of my report to the Chief Coroner and to the following Interested Persons:

- Family
- General Practitioner

I have also sent it to Care Quality Commission who may find it useful or of interest.

The Chief Coroner may publish either or both in a complete or redacted or summary form. She may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.

9

5 June 2025

HM Area Coroner for Essex Sonia Hayes