Department of Health & Social Care

[redacted]
Parliamentary Under-Secretary of State for Women's Health and Mental Health

39 Victoria Street
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[redacted]

Hm Assistant Coroner Caroline Topping
HM Coroner's Court
Station Approach
Woking
Surrey
GU22 7AP

03 November 2025

Dear Ms Topping,

Thank you for your Regulation 28 report to prevent future deaths dated 07 August 2025 about the death of Tracey Ostler. I am replying as the Minister with responsibility for mental health and I am grateful for the additional time you have allowed for me to do so.

Firstly, I would like to say how saddened I was to read of the circumstances of Tracey's death, and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

Your report raises concerns addressed to the Department regarding a lack of psychiatric hospital beds in Surrey and arrangements for detaining patients assessed to require detention under the Mental Health Act in the Emergency Department of Epsom General Hospital.

I understand your concerns.

We expect individual trusts and local health systems to effectively assess and manage local bed capacity through the 'flow' of patients being discharged or moving to another setting.

The NHS Operational Planning Guidance for 2025-26 contains fewer targets across the board to focus on the fundamentals of good care. It sets a requirement for Integrated Care Boards to take action to reduce the average length of stay in adult acute mental health beds, improving local bed availability and reducing the need for inappropriate out of area placement, and to reduce waits longer than 12 hours in A&E through making use of alternatives described below:

- **Reduce avoidable ambulance dispatches and conveyances, and reduce handover delays by** working towards delivering hospital handovers within 15 minutes, with joint working arrangements that ensure that no handover takes longer than 45 minutes and improving access to urgent care services at home or in the community including urgent community response and virtual ward (also known as hospital at home) services
- **Improve and standardise urgent care at the front door of the hospital by** increasing the proportion of patients seen, treated and discharged in 1 day or less using the principles of same day emergency care and optimising the urgent care offer to meet the needs of their local population, including the use of urgent treatment centres.
- **Reduce length of stay in hospital and ensure that patients are cared for in the most appropriate setting** by increasing the percentage of patients discharged by or on day 7 of their admission in line with existing guidance. Additionally, by working across the NHS and local authority partners to reduce average length of discharge delay in line with the Better Care Fund (BCF) policy framework. ICBs should review BCF commitments to ensure they represent the best use of resources, and plan sufficient intermediate care capacity to meet demand, including through surge periods across the year.

Over the period 2026/27 to 2028/29, integrated care boards have been asked to drive real productivity gains including reducing the average length of stay in adult acute mental health beds, through the recently published Medium Term Planning Framework.

I understand that, at local level, the Surrey and Borders Partnership NHS Foundation Trust has taken steps to mitigate the demand for beds which includes embedding operational pressures escalation levels procedures into practice, investing in more funded beds for its local population, and working to reduce the length of inpatient stays.

I understand your concerns regarding the risks around patients in A&E potentially being detained unlawfully, without recourse to the legal safeguards provided by the Mental Health Act 1983 or access to a Responsible Clinician.

We accept that there may be a need to provide greater clarity on what powers are available to health professionals to hold someone in A&E, until an assessment can be completed. We will engage further to understand how the current legal framework is applied and identify solutions to the problems raised. We will seek to provide further guidance on the existing legal framework and the handover protocol between health and police in the next revision of the Mental Health Act Code of Practice.

We will also continue to work closely with stakeholders to consider how we can support those experiencing a mental health crisis in A&E, as well as wider actions to improve care to prevent people reaching crisis point or, where they do, creating better community-based alternatives to A&E.

This includes increasing the number of mental health emergency departments to around 85, which will provide reactive, short term intensive support for people in acute mental health crisis as an alternative to A&E.

Anyone in England experiencing a mental health crisis can now speak to a trained NHS professional at any time of the day through a ‘mental health’ option on NHS 111. Trained NHS staff will assess patients over the phone and guide callers with next steps such organising face-to-face community support or facilitating access to alternatives services, such as crisis cafés or safe havens which provide a place for people to stay as an alternative to Accident and Emergency (A&E) or a hospital admission.

As part of our 10 Year Health Plan, we will make sure more mental health crisis care is delivered in the community, close to people’s homes, through new models of care and support, so that fewer people need to go into hospital. This includes transforming mental health services into 24/7 neighbourhood mental health centres, which will bring together a range of community mental health services under one roof, including crisis services, community mental health services and short-stay beds.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

All good wishes,