

Response to Regulation 28: Report to Prevent Future Deaths

Coroner: Mrs Joanne Lees, Area Coroner for The Black Country

Deceased: Danielle Monique Christina JONES

Date: 22.12.2025

Timeline taken from patient record:

23.8.24	Medication review carried out with patient. No suicidal thoughts or thoughts of self-harm. Mood ok with meds. Continue current repeat medication
24.2.25	Email received from Cranstoun to inform GP that patient had informed them she had taken an intentional overdose of her prescribed medication, had written notes to family members then changed her mind and made herself vomit.
4.2.25	1 month supply of repeat meds issued
24.2.25	Telephone consultation with Dr [REDACTED]. Discussed overdose which patient stated had happened 3 weeks ago. The patient regretted the decision and made herself vomit immediately afterwards. Denies any current thoughts of self-harm. She stated she was currently living with her grandparents. Danielle was offered a face-to-face appointment on the same day, but stated she was unable to attend in person on the same day, so booked for the following day. The current details and information Danielle gave of the overdose were not consistent with the email received from Cranstoun. It is standard practice to complete the risk assessment contemporaneously with the patient based upon current mood, whilst mindful of previous information. This is to ensure an accurate and appropriate risk assessment is made at the time of the conversation.
25.2.25	Did Not Attend the face-to-face appointment
25.2.25	Follow up telephone call made by Dr [REDACTED]. Danielle stated she had not attended because she could not find her bus pass and credit on her phone had run out. Denies any current/active plans to self-harm and feels mental health is currently stable and managing. Crisis team number given-if thoughts of self-harm 999/A & E.
6.3.25	1 month supply of meds issued
27.3.25	1 month supply of repeat meds issued
28.4.25	1 month supply of repeat meds issued
13.5.25	Ambulance report received – death confirmed
14.5.25	Coroners office confirmed police had reported death



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YHP PCN aims to treat individuals presenting with acts of self-harm in line with NICE Quality Standards 34 regarding Self Harm. The principle underpinning this is pro-active follow up to prevent patient harm. Patients should be offered follow up with a doctor or physician associate of their choice and offered continuity of care. The YHP clinical guideline regarding follow up of self-harm was launched in January 2014. The updated QS34 includes a suggestion that if a person presents to a service with self-harm and ongoing risk that organisation should pro-actively follow that person up within 48 hours.

Based upon the above NICE guidance, YHP currently has a Standard Operating Procedure in place for our administrative teams to highlight any clinical correspondence received with any mention of attempted suicide or self-harm and forward to a GP for action. In this case an email was received from Cranstoun (local drug and alcohol team) informing us of recent overdose and concerns. This was immediately passed to the duty GP who arranged a same day GP telephone assessment. As detailed in the timeline, a Face-to-Face appointment for the same day was also offered, but declined by Danielle. However, a face-to-face appointment for the following day was booked. When Danielle did not attend this appointment, a follow up call was placed by the Dr Ananthram. This is in line with the Standard Operating Procedure.

We acknowledge that although a risk assessment was carried out regarding current and future suicidal intent and plans as part of the same day appointment, the issue of medication was not specifically addressed. This issue has been discussed with the individual clinician involved and the system changes below will ensure that all clinicians will be aware of the need to review medication in similar cases in the future. These changes will be made on 1<sup>st</sup> January 2026. This has been communicated to the clinicians via the monthly YHP Clinical Update Newsletter and in team meetings.

We have undertaken an annual audit of compliance with proactive follow up following self-harm since 2014. The results of the audits have provided assurance that the process of proactive follow up is being followed by our clinicians.

QS 34 states people who have self-harmed have an initial assessment of physical health, mental state, safeguarding concerns, social circumstances and immediate concerns about their safety. However, it does not specifically state they require a medication review.

We have a self-harm risk assessment template built into our clinical system to aid clinicians in discussing this with patients. (see image below)



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YHP SELF HARM RISK ASSESSMENT

Other Details... Exact date & time Mon 08 Dec 2025 11:27  

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Page 1

Suicide risk assessment based on Columbia-suicide severity rating scale (C-SSRS)

Ask the 1st 2 questions

1. "wishes"  
"Have you wished you were dead or wished you could go to sleep & not wake up?"

2. "Thoughts"  
"Have you actually had any thoughts of killing yourself?"  
If Yes to Q2 ask 3-6 if no to Q2 go straight to Q6

3. Have you been thinking about how you might kill yourself?

4. Have you had these thoughts & had some intention of acting on them?

5. Have you started to work out or worked out details of how to kill yourself? Do you intend to carry out this plan?

6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?

If YES how long ago did you do any of these things? >1yr, 3-12/12, <3/12?  
An answer of "yes" to any of the six questions may indicate a need for referral to a trained mental health professional and an answer of "yes" to questions 4, 5 or 6 indicate high-risk.

Protective factors- if you have had plans of harm yourself what protective factors existed that meant you didn't follow through on your plans? Have these circumstances changed?  
Consider contacting outlet duty dr or the crisis team to request a second opinion.

Assessment for risk of self harm  

At risk of DSH - deliberate self harm  

Not at risk of deliberate self harm  

No previous values

Assessment for risk of self harm

Date     

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We had not specifically included medication review as part of this template.

We will amend our follow up policy to specifically mention the need for medication review at the time of pro-active follow up, and in particular to consider reducing the amount of medication per prescription if there is any ongoing risk of further self-harm and especially with high-risk medications.

We will amend our risk assessment template to include a mental health medication review code and free text advice regarding the following with a free text box to record discussions.

- Do you have any stockpiled medications?
- Do you feel safe with your current medication quantity?
- Would reducing the number of medications per prescription reduce the risk of future harm?



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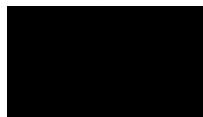
- Can a safety plan be put in place e.g. can a friend or family member supervise your medications?

We will re-launch this amended policy in January 2026 with our clinicians and add the recording of medic

ation review and recording of consideration of reducing amount of medication on each issue as part of the annual audit program.

The learning from this event will be shared with clinicians via our monthly clinical update but also added to the agenda of our next face to face protected learning event for our GP's in the new year. This learning has also been shared with our Acute Trust patient safety team colleagues for wider dissemination of learning.

We will continue to audit the proactive follow up of self-harm annually but include specific data on whether a medication review was completed and discussion was had regarding amounts of medications prescribed.



[Redacted]  
Clinical Quality Lead  
Your Health Partnership PCN



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