

Date: 13th January 2026

Emma Serrano
Area Coroner
Staffordshire and Stoke-on-Trent Coroners Office
Swann House
Boothen Road
Stoke-on-Trent,
ST4 1SY

Chief Medical Officer
Lawton House (HQ)
Bellringer Road
Trentham Lakes South
ST4 8HH

Dear Mrs Serrano

Re: Prevention of Future Deaths – Lyndsey Dearden – Issued 18th November 2025

I am writing to provide you a response to the Regulation 28; Prevention of Future Deaths (PFD) report which was issued to the Trust on 18th November 2025.

This response is intended to outline the Trusts key areas of focus for improvement and to offer additional assurance regarding the learnings taken.

The PFD report identifies two principal concerns:

1. Lack of appointments post- allocation of key worker

Evidence presented at the inquest indicated that Mrs Dearden was allocated a Community Psychiatric Nurse (CPN) and key worker in November 2024 but did not receive any appointments prior to her death on 11 March 2025. No clear explanation was provided why, or any policy to give a framework as to how appointments should take place.

2. A failure to complete a Standard Assessment Framework (SAF)

Mrs Dearden was allocated a Community Psychiatric Nurse on 31 December 2024 to undertake a SAF assessment to determine appropriate community support and treatment. This assessment did not occur, and there was no adequate response as to when this should have taken place and how this should have been carried out as there is no policy, guidance or framework.



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Immediate actions taken:

In response to the PFD and our internal review, we have implemented the following:

A Practice Note issued highlighting the following,

- A clear process for contacting and monitoring patients awaiting SAF assessments.
- A requirement that an appointment date is confirmed at the time of allocation of key workers.
- Clarification of timescales and expectations for transitions between teams (particularly between Crisis Resolution Home Treatment Team (CRHTT) and Community Mental Health Team (CMHT)).

These additional processes and clarifications will be added to the Trust Care Management Policy which is currently under review.

Trusts Key areas of improvement.

1. Lack of appointments post allocation of key worker

Though the Trust adheres to NHSE's requirements for 48-hour follow-up and 18-week referral to treatment metrics it is recognised that there is no national standard timeframe for assignment of a keyworker and completion of a SAF. As referenced in the PFD report, there wasn't a clear framework outlining to NSCHT staff the expectations and timeliness of appointments when patients are transitioning from one service to another; in this case it was from CMHT to Inpatient ward through CRHTT and back into CMHT.

The Practice Note already referenced has been issued to all relevant senior leads with an expectation that the improvements are immediately operational. Timeframes have been agreed and will be monitored via multidisciplinary team and assurance audits. Two initial audits have been undertaken, one prior to the Christmas 2025 and one during the second week of January 2026 to assess the adoption of the Practice Note and expected timescales. Results indicate good compliance across the Inpatient, CRHTT and CMHT services. A further audit is scheduled for 3 months' time and 12-18 months to provide assurance that these processes have been embedded.

The revised Trust Care Management policy will incorporate the audit assurance process.

2. A failure to complete a Standard Assessment Framework (SAF)

The prevention of future deaths report correctly outlines that a key worker was appointed to LD shortly after her discharge from inpatient services on the 31st of December 2024, but an appointment with the key worker had not been received up to the date of LD's death on 11th March 2025.

The Trust accepts that this is not up to the standard of high-quality responsive care and that an appointment date should have been issued to LD sooner. We have taken immediate action to address this by issuing a Practice Note to all clinical teams clarifying timescale expectations as well as reiterating that SAF is not a pre-requisite for receiving interventions



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in care. This will also be reflected in the Trust Care Management Policy currently under review.

The Trust would like to offer some assurance that LD did have ongoing access and support from Trust services during this time. LD had received a hospital admission, interventions from the CRHTT. In addition, during December a Key Worker sent a letter of introduction to LD. LD also contacted the Duty Team within the CMHT in February 2025, who offered support and advice, and sign posted LD to additional community-based support.

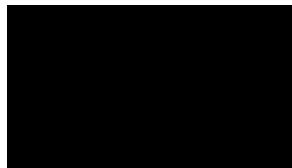
In addition, it is pertinent to explain that the Trust has undertaken work to transition to co-produced care planning and move away from Care Programme Approach (CPA) as this was a large-scale transformation project, this has been delivered in phases across the Trust. Our aim is to align all care planning to ensure coproduced person-centred care for our service users and consistency for staff when developing care plans. This will mean one way to complete care planning for all service users.

Our new way of care planning is in line with the Professional Record Standards Body and was guided by the NHSE Community Mental Health Framework initially and now by the NHSE Comprehensive Model of Personalised Care, to ensure a consistent framework is being followed across the Trust. As a result of this, our staff have received care planning training which has focused on person centred care, the values of a therapeutic relationship and coproduction. We have a new Standard Operating Procedure for care planning and are drafting our Care Management Policy currently to reflect these changes in practice and guidance.

Conclusion

The Trust accepts the findings of the coroner and have taken urgent action to implement changes and improvements. We intend to monitor the changes via audit until we are assured that improved practice is embedded completely.

Yours sincerely



MBBS, FRCPsych, DPM, MSc. MBA
Chief Medical Officer



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