



**FAO Mr James Puzey**  
HM Assistant Coroner for Worcestershire



29 April 2026

Dear Mr Puzey,

Thank you for your Regulation 28 Report following the inquest into the death of Mr Surendrakumar Patel. I would like to begin by expressing our condolences to Mr Patel's family and acknowledging the seriousness of the concerns you have raised.

Midlands Partnership University NHS Foundation Trust (MPFT) has carefully reviewed the findings of the inquest and the matters of concern identified within your report.

### **MPFT Role and Involvement**

MPFT provides integrated mental health and psychosocial substance use services within HMP Hewell. Primary responsibility for physical healthcare, including nutritional monitoring, implementation of food refusal policies, and initial assessment of capacity in the context of food refusal, sits with the primary healthcare provider, Practice Plus Group (PPG).

Mr Patel was referred to mental health services at reception on 15 October 2024. Following multidisciplinary discussion on 24 October 2024, a psychiatric assessment was arranged for 29 October 2024, which was the earliest available appointment within the service.

There is no evidence in the medical records to suggest that a request for a more urgent psychiatric assessment was made or that the referral was escalated to reflect an immediate or acute mental health crisis.

In line with the primary healthcare provider's food refusal policy, mental health involvement was sought, and Mr Patel was assessed by a mental health practitioner on 24 October 2024 following identification of concerns.

### **Clinical Context**

Our review indicates that Mr Patel's presentation was clinically complex and evolved over a short period of time.

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In particular:

- His oral intake fluctuated, with evidence of intermittent consumption of food and fluids during the period in question
- There was no clear diagnosis of a depressive disorder or other acute mental illness identified by clinicians
- His presentation was at times understood as distress related to imprisonment, alongside possible volitional elements in his reduced intake
- He had significant pre-existing physical health difficulties affecting his ability to eat

It is also important to note that Mr Patel's oral intake was not consistently absent in the days preceding his hospital admission. Records indicate intermittent consumption of food and fluids, including in the period 24 – 26 October 2024. His clinical presentation was therefore one of reduced and inconsistent intake rather than sustained total refusal.

The inquest concluded that Mr Patel died from a lower respiratory tract infection, with malnutrition contributing in the context of self-neglect. The inquest did not make a finding that Mr Patel lacked mental capacity in relation to his decision-making during this period and the Trust agree with that finding. This reflects the clinical complexity of his presentation and the challenges in distinguishing between physical illness, psychological distress, and volitional behaviour.

### **Psychiatric Assessment and Escalation**

We note the concern raised regarding the timeliness of psychiatric assessment.

Mr Patel was discussed at the multidisciplinary team meeting on 24 October 2024, at which point referral for psychiatric assessment was agreed and an appointment was arranged for 29 October 2024, the earliest available appointment within the service.

Prior to this, Mr Patel had been assessed by a mental health practitioner on 24 October 2024. Mental health assessment therefore occurred within an appropriate timeframe following identification of concerns.

At the time of assessment, his presentation was not indicative of a clear acute mental illness requiring urgent psychiatric intervention. In addition, records indicate that from 24 October onwards he was taking fluids and intermittently consuming food.

Taken together, the clinical picture during this period did not demonstrate features that would ordinarily warrant a more urgent psychiatric assessment.

It is also relevant that the period between the reported onset of food refusal (21 October 2024) and multidisciplinary review (24 October 2024) was brief, and during this time Mr Patel remained under active clinical observation, including management through ACCT and food refusal processes.

In this context, the scheduling of psychiatric assessment within the earliest available timeframe following multidisciplinary discussion was consistent with the clinical information available at the time.

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## Food Refusal Policy and Capacity Assessment

We acknowledge the concerns raised regarding awareness and implementation of the food refusal policy.

It is important to clarify that:

- The food refusal policy referenced is held and operationalised by PPG.
- Initial identification of food refusal, implementation of the policy, and assessment of capacity at the point of refusal sit within PPG.

MPFT recognises that where policies held by partner organisations have implications for mental health services, there must be clear engagement to ensure shared understanding and effective implementation across providers.

## Learning and Actions

MPFT will take the following actions in response to the concerns identified:

### 1. Policy Engagement with Practice Plus Group

MPFT will ensure that arrangements are in place for policies developed or updated by the primary healthcare provider that have implications for mental health services to be shared in advance for clinical input and alignment.

### 2. Targeted Dissemination and Awareness

MPFT will ensure that relevant policies impacting mental health practice are clearly disseminated within its teams, with explicit guidance on roles, responsibilities, and expected interfaces with primary care services.

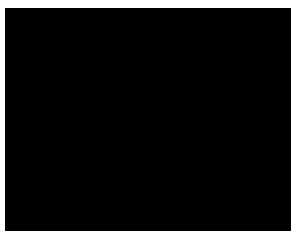
These actions will be implemented within three months and overseen through existing clinical governance structures.

## Conclusion

MPFT is committed to learning from this case and to working with system partners to ensure clarity of roles, responsibilities, and communication in the management of patients presenting with complex combinations of physical and mental health needs.

We hope this response provides assurance that appropriate and proportionate steps are being taken to address the concerns identified.

Yours sincerely



Chief Executive

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