

Mr Nigel Parsley
HM Senior Coroner
The Coroner's Court and Offices
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National Medical Director
NHS England
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1st October 2026

Dear Mr Parsley,

Re: Regulation 28 Report to Prevent Future Deaths – Jake Harvey Read who died on 5th May 2025.

Thank you for your Report to Prevent Future Deaths (hereafter “Report”) dated 17th June 2026 concerning the death of Jake Harvey Read on 5th May 2025. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Jake’s family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Jake’s care have been listened to and reflected upon.

Your Report raised the following concerns:

1. There is no national guidance or timelines in place for the administration of medication for an individual who has been identified as being in a state of mental health agitation or mental health crisis.
2. In this case, a qualified Non-Medical Prescriber had to request an emergency department clinician to prescribe diazepam, despite being qualified to prescribe it herself. This caused a significant delay in the medication being prescribed.

1. Lack of national guidance or timelines for administering medication for mental health agitation/crisis

NHS England is not aware of any national timelines set for administration of medication when someone is in a state of mental health agitation or mental health crisis. NHS England have a [medication safety management guidance](#). This advises that all Trusts need to have a prescribing lead and all prescribers attend regular meetings, are trained appropriately and review any national advice.

In 2016 NHS England, along with NICE (the National Institute for Health and Care Excellence), published implementation guidance for Mental Health Liaison Services: [Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance](#). Within section 2.3.2 of this guidance it states that the primary functions of a liaison mental health service within the context of responding to mental health crises are to:

2.3.2 “Treat the symptoms of the mental health crisis

Provide access to NICE-recommended urgent and emergency care, including NICE recommended treatment for self-harm.”

Whilst this guidance does not set out timelines for administering medication specifically, it does state that a patient should be seen in the department within one hour of receiving a referral and have a plan in place for their care within four hours.

“An urgent and emergency mental health service should respond to the person within one hour of receiving a referral.” [...] “Within four hours of arriving in an ED or being referred from a ward it is recommended that the person should:

- have received a full biopsychosocial assessment if appropriate, and*
- have an urgent and emergency mental health care plan in place, and*
- as a minimum, be en route to their next location if geographically different, or*
- have been accepted and scheduled for follow-up care by a responding service,*

or

- have been discharged because the crisis has resolved*

OR

- have started a Mental Health Act assessment.”*

For mental health inpatient settings there are local policies for the prescribing and administration of PRN (Pro Re Nata) Psychotropic Medicine. PRN is defined as the prescription and administration of medicines based on the immediate patients' needs instead of prescheduled administration times. PRN medicines are often used for relieving symptoms rather than treating patients underlying disease.

[Improving the safe use of time critical medicines](#) resource(s) is a resource published by the NHS Specialist Pharmacy Service. While not specifically addressing the scenario in your Report, they do highlight the importance of ensuring robust processes are in place for “time critical” medicines.

2. A qualified non-medical prescriber was unable to prescribe herself, despite being qualified to do so, causing a significant delay in the medication being prescribed.

Upon request, you provided us with additional information from the Non-Medical Prescriber (NMP) named in the report. They advised us that the Mental Health Liaison Team (MHLT) provide specialist mental health assessment and treatment recommendations to the acute hospital team. This MHLT does not routinely prescribe medications directly via the hospital's electronic system. This practice is consistent across all the Trust's Liaison Services, therefore, any medication recommendations made by the MHLT are prescribed by the treating medical team. In this particular case, the NMP advised the medical team to prescribe Diazepam to manage the patient's agitation.

The guidance detailed above enables MHLT's to be able to prescribe to meet the patient's immediate needs. It, therefore appears to be a decision made by Ipswich and Colchester Hospital as to why the Non-Medical Prescribers from the MHLT cannot prescribe. We would therefore advise contacting the Trust directly about this concern.

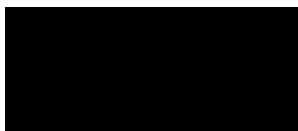
The Royal College of Psychiatrists has issued [Standards for Psychiatric Liaison Teams](#). At standard 84 it states:

"If members of the team prescribe medication, there is a policy regarding this. Guidance: The policy should be in line with local medicines management. It should include guidance on the roles and responsibilities of Liaison prescribers in the hospital setting, standards of communication between hospital staff and the Liaison Team and governance arrangements for monitoring prescribing".

I would also like to provide further assurances on the national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around events, such as the sad death of Jake, are shared across the NHS at both a national and regional level and helps us to pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,


National Medical Director
NHS England