



**Hampshire and
Isle of Wight Healthcare**
NHS Foundation Trust

23 July 2026

Mr Nicholas Walker
HM Area Coroner
Hampshire, Portsmouth and Southampton Coroners Service
Castle Hill
The Castle
Winchester
SO23 8UL

Trust Headquarters

7 Sterne Road
Tatchbury Mount
Calmore
Southampton
SO40 2RZ

Dear Mr Walker

Please find enclosed the Trust's response to the Regulation 28 Report issued following the inquest into the death of Mr Jonathan Doughty.

I would like to thank you for your careful consideration of this case and for the observations raised. I trust that our response provides assurance regarding the actions being taken to address the matters identified. Should you require any further information or clarification, please do not hesitate to contact me.

Yours sincerely



Chief Executive

Trust Response

I heard evidence that Hampshire and Isle of Wight Healthcare Trust were routinely unable to secure acute psychiatric beds for patients such as the deceased who lacked capacity and posed a risk to themselves. In such circumstances, a Mental Health Act Assessment cannot take place until a bed is available, and the risk has to be managed in the community, often by family members or crisis team nurses who might only visit for a short time. Patients are left vulnerable, and I am concerned that there is a risk that future deaths will occur unless action is taken.

Demand for mental health beds fluctuates considerably. Therefore, in circumstances when the demand for mental health beds is greater than internal availability, the trust has access to psychiatric inpatient beds provided by the private sector and underpinned by established governance arrangements. This model is in keeping with most mental health Trusts nationally. There are escalation processes in place that allow staff to trigger the approvals process to access these beds, and we accept your findings that Mr Doughty's needs should have been escalated and a bed made available.

We note that this escalation route was used for other patients and that private beds were sourced over the weekend that Mr Doughty died; we are sorry that his needs were not escalated using this route as required.

The Trust has taken steps to improve bed availability and escalation processes. This includes reducing overall admissions and length of stay, increasing preventative and intensive work in the community and increasing the alternatives to crisis mental health admission. Consequently, inpatient length of stay has reduced significantly which has generated greater bed capacity and availability.

The escalation procedure that was in place at the time of Mr Doughty's death has been enhanced with a new bed management process and a more proactive approach to escalation. This means that clinicians can escalate concerns about patients at an early stage and these can be escalated to Director level, at any time.

Additionally, we are transforming how we wrap far greater support around those people who are at home with a deterioration in their mental health. New services will provide people with 24-hour access to neighbourhood support for their mental health, including the use of crisis care beds as an alternate to hospital admission, for those for whom this is suitable. This includes working closely with Voluntary, Community, Faith and Social Enterprise organisations as well as local authorities and primary care to support the wider issues that affect mental health e.g. housing, relationship and financial difficulties.

Because of this work, specialist mental health services will have greater capacity to concentrate on assertive and intensive treatment for those in severe crisis at home, and access mental health beds for those whose needs cannot be met through care closer to home in the community.

Finally, with respect to Mental Health Act assessment processes, the Trust and Local Authorities together with Police and Ambulance services already hold regular meetings to address local issues related to Mental Health Act processes. Work is being undertaken to tackle

more timely access to mental health assessments across Hampshire and the Isle of Wight. This is a national issue which is recognised as complex and multifactorial but which we are committed to resolving in partnership with local authority colleagues.

In conclusion, whilst we are satisfied that our current bed model allows us to manage fluctuating demand, we accept that the escalation processes were not sufficiently triggered on this occasion and have taken steps to improve access for patients. We are continuously improving so that our services are designed to meet the needs of people in mental health crises at home and to offer places of safety when required.