

Teen suicide risk underestimated by CAMHs

9 July 2024



An “underestimation” of suicide risk and significant mental health ‘failings’ contributed to the death of a vulnerable teenager, a Senior Coroner has found.

Locket Williams, described by their family as “a lovely person with a huge character”, was just 15 years old when they tragically killed themselves in September 2021.

Senior Coroner Richard Travers concluded that there were a number of key failures by Surrey and Borders Partnership (SABP) NHS Foundation Trust’s Children and Adolescent Mental Health Services (CAMHS) which contributed to the death of the vulnerable teenager, who goes by they/them pronouns. The three-week inquest concluded Friday 31 May.

Locket’s older sister, Emily, said: “Hearing the coroner recognize what we have believed for three long years—that failures by CAMHS contributed to Locket’s death and ultimately meant Locket lost all hope—is heartbreaking.

“We’re thankful for the Coroner’s respect for Locket’s identity, which was so important to them, and we sincerely hope this process will help prevent more tragic deaths like Locket’s in the future.”

Described by their family as “vibrant” with a “massive heart”, Locket “brought colour to everything they participated in” their family said.

They had a long history of mental health difficulties, resulting in self-harming behaviours and three previous suicide attempts throughout within seven months of 2021.

Evidence heard at the inquest highlighted “illogical conclusions” that Locket was deemed “low risk” by clinicians, despite their ongoing suicidal ideation and three suicide attempts in close succession, the family’s lawyers said.

Coroner Travers found that Locket’s high risk of suicide was “underestimated” by clinicians, as there was an “insufficient account” of Locket’s long-running risk, which meant Locket did not receive the treatment they needed.

Commenting on the Coroner’s findings, the family’s solicitor, Elle Gauld from Simpson Millar’s public law team, said: “Given Locket’s three suicide attempts and deteriorating mental health, CAMHS’ approach repeatedly defied logic and palpable evidence of suicidality, bypassing the patient’s express wishes and placing an unrealistic burden on a family already in crisis. Treatment was not commenced in a timely manner”

Long waiting lists for Cognitive Behavioural Therapy (CBT) and a shortage of therapists meant that, although clinicians all agreed CBT was necessary, Locket remained at home. Without access to the required support and treatment, their mental health continued to deteriorate, the lawyers for the family said.

Coroner Travers said there was a ‘failure’ to assess the likelihood Locket could be kept safe while waiting eight months for Cognitive Behavioural Therapy (‘CBT’), a treatment she was ready and willing to engage in.

Failures in communication between social services and CAMHS were also identified, leading to crucial information being missed in Locket’s assessment and care. CAMHS failed to attend Core Groups meetings held by social services to protect Locket, as a vulnerable child.

Locket was passed from service to service, with no continuous care from the same clinicians or who was responsible for Locket’s care, lawyers said.

Speaking of the family’s loss, Locket’s mother, Hazel Williams, said: “We hope the lessons learned from their death highlight the urgent need for change and prevent future tragedies. We are grateful for the thoroughness of this inquest and the potential for positive changes in managing mental health services for young people.”

SABP has 56 days to respond to the senior coroner’s findings. Coroner Tavers has asked the NHS Trust to report whether there is now a system in place to ensure that young people referred to CAMHS are seen and treated promptly, and that clinicians are acting in accordance with the Trust’s guidelines.

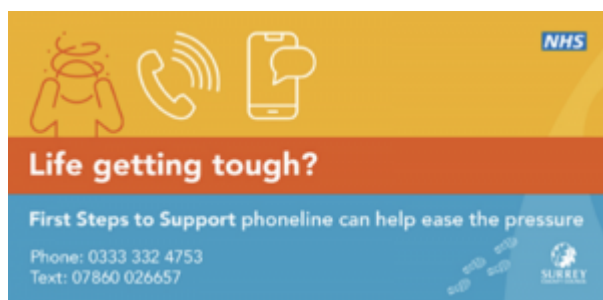
A Surrey and Borders Partnership NHS Foundation Trust spokesperson said: “We are extremely saddened by the tragic death of Locket Williams and our deepest sympathies go to their family and friends.

“We are carefully reflecting on the Coroner’s findings and the questions we have been asked and will respond within the given timeframe.”

Image: Locket. (Credit: Simpson Millar law firm) Coroners Court in background - Google

First steps for mental health

9 July 2024



The National Health Service (NHS) has introduced “First Steps to Support,” a new service which is designed to help residents aged 18 and over manage their mental health. This comprehensive facility is accessible via telephone, text, and email, offering early intervention and guidance through a single conversation with a dedicated wellbeing advisor.

Whether you’re feeling stressed, irritable, or down, facing financial worries or sleep issues, caring for others with little to no time for yourself – “First Steps to Support” will help you delve and face these issues. They seek to help you improve your mental wellbeing by providing support not only for individuals but also for their friends and family members. The welcoming staff aims to understand what’s troubling you and attempts to explore ways to guide you to the right resources, in order to ease your burdens and help you enjoy life again.

Residents will receive tailored guidance on self-help strategies and have early access to talking therapies. In addition, the service offers referrals to various support services that tackle wider determinants of wellbeing, including financial difficulties, housing issues, employment concerns, isolation, and bereavement. The overarching objective is to enhance long-term wellbeing by connecting residents with local community organisations and support hubs, ensuring sustained assistance and resilience.

Service Availability:

Residents can reach out to the “First Steps to Support” service through the following contact methods:

- ☐ Telephone: 0333 332 4753
- ☐ SMS: 07860 026657
- ☐ Email: dohel.firststeps.surrey@nhs.net

The wellbeing advisors can be contacted during the following hours:

- ☐ Monday: 8am to 3pm
- ☐ Tuesday: 9am to 4pm
- ☐ Wednesday: 10am to 5pm
- ☐ Thursday: 9am to 7pm
- ☐ Friday: 10am to 2pm

Further Information

For more information, the NHS encourages residents to visit the “First Steps to Support” webpage on healthysurrey.org.uk

Council unaware it was Mental Health Awareness Week?

9 July 2024



Former **Epsom and Ewell** Mayor **Rob Geleit** (Labour Court) has accused the Council of removing references to his schizophrenia from his final speech. Cllr Geleit argues that the action reflects prejudice against mental health issues and

constitutes improper censorship. The occasion was the Annual Mayor making meeting of the Full Council on Tuesday 14th May. Notably this was during **Mental Health Awareness Week**.

In an interview with the **Epsom and Ewell Times**, Mr Geleit revealed that he had planned to end his speech by saying, "It has been an honour and privilege to serve as The Worshipful The Mayor Cllr Rob Geleit for the past year. Schizophrenia or no schizophrenia. If you are all up for it, perhaps we could vote me in for another year?"

However, this section was removed. Mr Geleit stated that he was informed of the change by Mr **Piero Ionta**, Head of Legal and Monitoring Officer, prior to the meeting.

Mr Geleit added that he had already mentioned his schizophrenia in his acceptance speech when he was made Mayor. He stated he believes that while the visibility of mental health issues has improved, chronic mental health problems remain a taboo subject.

He was not particularly surprised by this, as he has become accustomed to such situations. However, he is now working with his leadership team to file a formal complaint against the conduct of a council officer. He hopes the complaint will result in an apology and assurances that such incidents will not happen again.

In response to these allegations, a council spokesperson stated, "In the course of preparing for council meetings where the Mayor will make a speech, it is the normal course of business for officers and the Mayor to discuss speech content, and for officers to offer any advice and guidance, which is what happened on this occasion. Officers do not decide on any changes to the speech, they purely advise, and it is the Mayor's ultimate decision on whether to act on the advice. Officers do not recognise the conversation had in this instance as being reflective of the allegation that has been made."

The council also further emphasised its commitment to mental health issues: "The council is aware that poor mental health is a big challenge for many of our residents. As a result, the council has made mental health the top priority in our work with our NHS colleagues in the Epsom and Ewell Neighbourhood Board. We also have a cohort of trained Mental Health First Aiders within the council to assist and support our own staff and councillors."

Councillor **Chris Ames** (Labour Court) expressed strong disapproval of the incident, stating, "The removal of the reference to schizophrenia was a shocking and wholly outdated expression of the type of stigma and prejudice that many of us have worked to move on from. It was also totally outrageous censorship of an elected official who has served the Borough with dignity and distinction during his year as Mayor."

Despite these challenges, Mr Geleit remains confident and hopeful about the future. He revealed that he will continue to contest for the West Ewell Division of Surrey County Council and that his experience as Mayor has inspired new ambitions to join Parliament.

Image - Cllr. Robert Geleit at the Derby when Mayor of Epsom and Ewell.

Gold star at the end of the Rainbow

9 July 2024



Better's Rainbow Leisure Centre in Epsom has maintained its 'Excellent' status from QUEST - the Quality Scheme for Sport and Leisure. This follows a mystery visit from the organisation in April plus a planned audit in May.

Rainbow's facilities include two pools - full-size and teaching - a sports hall, 100+ station gym, soft play area, spa and a senior activity room.

The centre has approximately 70 members of staff (full and part-time) and around 3,000 members who are mainly families or adults over the age of 66.

QUEST's report commented on the centre's excellent, well-maintained facilities and its extremely warm, friendly and welcoming staff. Emily Simmons, General Manager, comments, "I am immensely proud of the centre and our team. Achieving QUEST Excellent status is no easy task and staff consistently work hard to maintain the high standards they set themselves.

"QUEST is a fantastic tool for evaluating best practice and customer service levels. It sets the standard for leisure centre management and sports development, taking into account programming, facilities, management policies and procedures, staff training and development, and environmental impact. This award means both customers and staff are getting the highest level of service, care and support."

Better's Head of Service in the area Steve Hannen adds, "A huge well done! It's a great achievement for Rainbow to maintain Excellent status. This is not an easy thing to do and the entire centre team should be proud."

Rainbow Leisure Centre is managed by charitable social enterprise GLL under the 'Better' brand. Supporting the wellbeing of local communities is an important part of the organisation's ethos.

GLL press

Bed pressures rushing doctors

9 July 2024



Pressure to free up hospital beds can “rush” clinicians to make under-informed decisions and discharge plans, a coroner has found.

A man who tragically died from hypothermia and chronic alcoholism in **Epsom General Hospital** prompted a coroner to raise concerns that demands on beds can put patient safety at risk.

A local man was admitted to hospital three times from October 22 to December 5, 2022. Each time, the underlying cause of his condition was not diagnosed and he was soon after found to be medically fit for discharge. He died on December 12 2022, after being found profoundly hypothermic the previous day.

Coroner **Caroline Topping** found: “Pressure on staff to vacate hospital bed spaces led to inadequate discharge planning and more than minimally contributed to the death.”

It was accepted by the Epsom and St Helier NHS Trust that pressure to vacate hospital bed spaces contributed to the inadequacy of discharge planning. The coroner ruled the need to free up a bed space led to the patient's rushed release on December 5, 2022 without an adequate care plan being in place.

Nationally, the NHS faces significant pressures to use beds as efficiently as possible. The Trust said it will never willingly compromise a person's safety by discharging them sooner than it should.

Clinicians and staff discharged the patient without knowing what underlay his deterioration and how his ability to self-care was impacted.

His expressed wish to go home alone was “erroneously” relied on to justify an “unsafe” discharge on the basis he had capacity to make a decision, according to the coroner's prevention of future death report.

An inquest on March 12 2024, heard how the man was suffering from alcohol related brain damage, impacting his mobility and fluctuating confusion. Malnourished, as a result of his chronic alcohol use, his health had declined and he lost a significant amount of weight over the summer.

Continuing to “abuse alcohol”, he was self neglecting and his ability to live alone was reduced. He developed hypothermia in an inadequately heated flat and had not been eating properly.

Contrary to NHS policy, the man was not identified as a vulnerable patient. Any adult unable to take care of themselves (e.g. alcohol as a risk factor) is defined as a vulnerable adult.

The coroner found there was a lack of information sharing and investigation in relation to the discharge planning for the patient.

Reportedly unaware of the discharge planning policy, staff made decisions in a vacuum. There was no understanding of the man's recent history of frequent admissions, his diagnosis or sufficient investigation of his home circumstances.

The man's family was not involved in the discharge planning. Concerns were raised by the family on a number of occasions about his ability to look after himself. No heed was paid to these worries and the man was discharged on December 5 to live at his own flat without an adequate care plan in place. He died a week later.

The coroner's report states the Trust has already put in place a number of improvements around effective information sharing and recognition of safeguarding issues, including self-neglect.

However, she “remained concerned” that the hospital's discharge policy remains under review, including how families are involved, meaning it has not been possible to access how effective it is.

The coroner wrote to St George's Epsom and St Helier Hospital Group and NHS England to raise her concerns, which also included pressure to vacate beds leading to rushed under informed decision making and ability to prepare ‘properly considered’ discharge plans, urging them to take action to reduce the risk of future deaths.

A Trust spokesperson said: “We are deeply sorry that we didn't give [the man] the care that he and his family were entitled to expect, and our heartfelt apology and condolences go out to [his] family.”

“We took immediate steps to review our discharge process, adding in additional checks, greater contact with families of vulnerable patients and we have also improved safeguarding training for our staff.”

Epsom and St Helier Hospital added they will respond fully to the coroner’s concerns within the set timeframe, by June 12, 2024.

Rated as ‘good’ in an inspection in 2019, the Care Quality Commission (CQC) said it has received the coroner’s report on the hospital. The CQC said, as always, it will utilise the information during its forthcoming engagement meetings with the Trust.

Tarbuck’s luck comes to Epsom

9 July 2024



Comedian **Jimmy Tarbuck** popped into Epsom General Hospital recently - and made a serious bit of business great fun.

He was in the Urology Department to present a “new toy”, a £10,975 TULA Laser Machine on behalf of Epsom Medical Equipment Fund (EMEF).

Surgeons love new toys and this one saves lives. The comic heard from Consultant, **Deji Akiboye** how this new treatment for bladder cancer helps treat cancers without the need for sedation or anaesthetic. Patients come in and have their condition treated, pain free and walk out of hospital in less than one hour. The tiny laser goes through a flexible telescope inserted into the bladder.

The consultant added: “We use this laser to fry abnormal areas in the bladder which are cancerous. Traditionally this involved a full anaesthetic and a stay in hospital, sometimes with a catheter.

“With this treatment, it means we can do away with all those things and treat people far more quickly, painlessly and let them get back to normal living faster. It is fast, efficient and effective - plus it’s also great fun to use for us surgeons who love new toys.”

Charlotte Druce, General Manager, Surgery & Endoscopy Surgery Directorate, Epsom and St. Helier University Hospitals NHS Trust thanked EMEF organiser, **Bess Harding** for helping to make this particular dream come true.

Bess added: “With the support of the local community, we raised the money for the TULA which is an important part of the treatment”.

Find our more and donate to EMEF.

Image: Easter Espinosa, Charlotte Druce, Bess Harding, Jimmy Tarbuck, Deji Akiboye

Meat-free Mondays coming to all Surrey schools?

9 July 2024



Meat-free and plant-based options could be mandated across Surrey schools every Monday according to new council guidance. Only some Surrey schools currently participate in a form of ‘meat-free Monday’ so the new food strategy would expand its remit.

The new policy forms part of the so-called Surrey Healthy Schools initiative. The initiatives aims to address food insecurity, reduce climate impact of the local food system and support the local population to keep a healthy weight by improving the accessibility and affordability of nutritious food.

Speaking at a Surrey County Council (SCC) meeting on April 29, Officer Marisa Heath said: “I don’t think meat-free Mondays is too much to ask for one day a week. We’re still giving six days a week for people to make other choices so I don’t think it is draconian or heavy handed.”

Council officers said the preferred menu would prioritise fruit, vegetables and legumes- rather than processed, plant-based meat alternatives. Only schools signed up to the Surrey Healthy Schools will be part of the initiative, including all SCC public schools and some private schools.

Framing the programme as being to “educate and not dictate”, Cllr Mark Nuti (Conservative/ Chertsey) said the policy is empowering individuals and families to make informed and healthy food choices.

The committee discussed the importance of sustainable and locally sourced farming, as well as cutting meat to decrease carbon emissions and environmental resources. It was noted that ‘plant-based’ food was not always “nutritional”, but that children needed fibre from fruit and vegetables.

The new strategy aims to increase children’s nutrition and combat obesity, as well as increasing sustainability and environmentally conscious eating. Around 1,210 of 9,355 Year 6 pupils measured in Surrey were classed as obese or severely obese in 2022-23, NHS figures show.

Healthy food, such as fruit and vegetables, are often out of reach for many parents on low incomes who prioritise affordability over nutrition. The amount of vegetables being purchased in the UK has fallen to its lowest level in 50 years, according to The Food Foundation.

“Levelling up is not just about buildings, it’s about people,” Officer Marisa said. “It’s about their wellbeing, mental and physical, and allowing them to reach their [potential].”

Councillors argued the strategy must be adaptable to children who may suffer with eating disorders, have neurodiversity requirements or medical issues, and not be able to eat (or do not want to eat) plant-based food.

In a heated debate, concerns were raised about the policy going ‘too far’. Cllr Trefor Hogg (Conservative/ Camberley East) said an extension to adults and elderly people with dementia could mean “being confronted with things they just can’t cope with”.

He added: “My particular concern of those who are in any form of social care have had their liberties and freedom restricted to some degree. It’s very very important that they have a full choice. This is particularly important where there are neurodiverse and mental health issues as well. I think we should be very explicit on the subject. I would be very concerned about the adults and the elderly being confronted with things they just can’t cope with.”

Meeting documents stated the eating environment should be inclusive and social as restricting to plant based only options may make some feel excluded.

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Equine-Facilitated Psychotherapy: Healing Through Connection

9 July 2024



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Animal health benefits human health

9 July 2024



Ensuring animals are treated well throughout their lives and using sustainable farming practices are at the heart of an ambitious partnership to control the spread of infectious diseases and improve animal welfare. The University of Surrey's School of Biosciences and School of Veterinary Medicine have joined the European Partnership on Animal Health and Welfare. The University is set to receive over £2 million from the Horizon Europe Research and Innovation Programme.

Along with helping to prevent and control diseases in terrestrial and aquatic animals, the partnership will also encourage the careful use of medicines and develop methods to maintain high welfare standards. The partnership involves 90 members from 24 countries, and the initiative's total funding is €360 million.

Professor Roberto La Ragione, the Surrey Principal Investigator and Head of the School of Biosciences at the University of Surrey, said:

"With the rising numbers of diseases in animals that are spreading to humans, the scientific community is waking up to

the fact that animal health and welfare are inextricably linked to our own.

“I’m proud that our University is joining colleagues from across the country and Europe, so that we can not only share and tackle these issues at a large scale, but also find sustainable solutions that improve the wellbeing of the animals that we share this planet with.”

The European Partnership on Animal Health and Welfare aims to support a food system that is fair, healthy, and environmentally friendly. Its goals align with the European Green Deal and the related Farm to Fork strategy, which focuses on sustainable food production.

Professor Kamalan Jeevaratnam, Head of the School of Veterinary Medicine at the University of Surrey, said:

“Our University has a long-standing commitment to the One Health, One Medicine ethos, and we are excited to share our expertise and learn from our partners. This collaboration underscores the UK’s significant role in advancing the wellbeing of humans, animals, and our natural environment for a better future.”

Nathalie Vanderheijden of the University of Ghent, coordinator of the EUP AH&W, sums up the partnership as follows:

“Our partnership is a new, open initiative, bringing together EC funding, national/regional funders and research-performing organisations to concentrate efforts on developments with high societal, economic and policy impact. Belgium, with its current presidency of the European Council for six months, appreciates the potential of unity in driving change!”

Speaking of the Partnership EFSA’s, Chief Scientist Carlos Das Neves said:

“We are pleased to announce that EFSA will be a full partner of the European Partnership Animal Health & Welfare. This is the first time that we will be a beneficiary in a research partnership under Horizon Europe, which will enable a smoother transition from research to regulatory science. We are prepared and committed to bring our expertise to the table, together with the best experts in Europe, for the benefit of animal health and welfare.”

The European Partnership on Animal Health and Welfare started on the 1st of January 2024 and held its kick-off meeting on the 26th and 27th of February 2024 in Brussels. All partners signed the Grant Agreement on the 29th of March 2024.

Image: Marie Anna Lee

Epsom’s Earth health doctor checks GMC

9 July 2024



Epsom residents led by Dr. **Kristine Damberg** converged Thursday 18th April on the General Medical Council (GMC) headquarters in Central London, decrying what they perceive as the regulator’s lackluster response to the urgent health risks posed by climate change. The demonstration, organized by the **Planetary Health Coalition**, aimed to spotlight the pressing need for action on climate-related health issues affecting the community.



Dr Damberg protesting outside General Medical Council.

Dr. **Kristine Damberg**, Senior Simulation Practitioner and ESTH Sustainability Champion based at **Epsom Hospital**, voiced concerns about the immediate health impacts of climate change in the area. She lamented the rise in climate-related ailments among patients, including heat-related illnesses during the 2022 heatwave. Dr. Damberg emphasized the gravity of the situation, citing staggering statistics: “In the UK, 29-43,000 people die unnecessarily every year because of air pollution.”

Adding: “Even in a relatively affluent area like Epsom we are seeing these impacts on patients presenting to GP surgeries and hospitals. In the 2022 heatwave there were 3000 excess deaths in the UK and on the wards at Epsom Hospital the temperature was consistently above 30 degrees. It was extremely challenging for staff to work and keep already vulnerable patients safe at these extreme temperatures.”

She stressed the imperative for proactive measures, echoing The Lancet’s designation of climate change as the most significant global health threat of the 21st century. “We need to act now to protect our community.”

However, the GMC’s recent efforts to incorporate sustainability into medical ethics guidelines have fallen short, according to Dr. **Rammina Yassaie**, a medic and ethicist. She criticized the optional nature of these additions, stating, “Practising climate-conscious medicine should be a clear duty of a doctor.” She called for more robust guidance from the regulator to address the climate crisis head-on.

Epsom resident **Warren Bunce** echoed these sentiments, expressing disappointment in the GMC’s perceived inaction. “The General Medical Council’s silence on climate change is a betrayal of public health,” he asserted. He called for stronger support for healthcare professionals in Epsom and beyond to confront the health consequences of a warming planet.

Protestors also raised concerns about the GMC’s financial ties to fossil fuel industries. Dr. Christelle Blunden, a GP from Southampton, highlighted the disconnect between the GMC’s ethical standards and its investments. “Doctors want their money out of ecologically destructive industries,” Dr. Blunden stated. She emphasized the need for regulatory bodies to lead by example in addressing the climate crisis.

The protest occurred amidst growing legal restrictions on climate activism, with the recent conviction of Dr. Sarah Benn, a GP from Birmingham, serving as a stark reminder of the risks faced by healthcare workers advocating for environmental causes. Dr. Benn’s case underscored broader concerns about the erosion of protest rights in the UK, prompting calls for greater protection for activists.

Related reports:

[Climate Justice. A generation thing?](#)



Boxing champions young people in Epsom & Ewell

9 July 2024



A new local boxing programme, led by **Epsom & Ewell Borough Council** and delivered by **Epsom Boxing Academy**, saw its first cohort graduate in March. 14 students, referred by local schools, were enrolled on the course. Graduating students were awarded an England Boxing Bronze Award which was complimented with an AQA Empire Fighting Chance Award in nutrition and health.

The structured boxing programme aimed to help young people build confidence, self-discipline, and resilience as well as improving self-esteem and supporting positive mental health.

Councillor **Clive Woodbridge**, (RA Ewell Village) Chair of the Community and Wellbeing Committee, said; "I was honoured to attend the graduation of the Epsom & Ewell Community Boxing Scheme.

"Boxing is a fantastic way to keep fit, but it has also been shown to aid in the development of life skills including self-discipline, mental strength and control, and personal responsibility; as well as helping manage feelings of aggression. Boxing also provides invaluable opportunities for students to connect with positive mentors.

"We know that community schemes like this one are a fantastic way to tackle inclusion in sport whilst promoting positive outcomes for young people in our borough. I look forward to Epsom & Ewell Borough Council spearheading more initiatives like this one in the future."

Joe Harding, Boxing Coach and founder of Epsom Boxing Academy, added; "The scheme was a great chance to create and deliver a programme specifically for our community in Epsom & Ewell.

We saw an unbelievable change in the students over the weeks as they developed and demonstrated boxing techniques, learnt about the human body, and about food labels and nutrition.

Life coaching and mentoring helped students' progress in terms of their self-confidence, personal discipline, and punctuality. We were able to provide a safe space and an environment for the young people to express themselves. The results were outstanding. We were extremely proud to be part of such a great project."

The Community Boxing Scheme is part of Epsom & Ewell Borough Council's wider strategy to improve the wellbeing of residents through activity; and reduce barriers to sports and leisure participation for those who may not otherwise have access to facilities. It follows on from a successful swimming programme, delivered in partnership with leisure operator and social enterprise GLL and made possible by an award from Sport England funded by the National Lottery.

Image courtesy EEBC

Surgery delay after hip break led to death

9 July 2024



An elderly woman who tragically died after waiting five days for hip surgery prompted a coroner to raise concerns that a hospital is putting patients at risk of an early death.

Anne Rowland, a care home resident in Oxted, died in East Surrey Hospital after inflammation and infection of the lungs following surgery.

Ms Rowland broke her hip following a collision and fall with another care home resident who was partially sighted on February 27, 2023. She was taken to East Surrey Hospital the same day.

Coroner Anna Crawford found there was "no clinical reason" for the surgery not taking place until five days later on March 3 as the patient was "clinically fit".

She concluded that outstanding infrastructure repairs and the use of different guidelines from the National Institute for Health and Care Excellence (NICE) that the Surrey and Sussex Healthcare NHS Trust was “placing patients at risk of early death”.

NICE guidelines say that hip surgery should take place on the day of the injury or the day after. Early mobilisation is recommended for hip fracture patients to reduce the risk of complications, including pneumonia.

East Surrey Hospital uses a metric of 48 hours within which to conduct such surgery and does not use the NICE timeframe. Although the hospital has a dedicated operating theatre for trauma patients, on some occasions demand outweighs capacity.

However, the surgery did not take place because “other trauma patients were prioritised ahead of [Mrs Rowland] based upon their relative clinical need”.

Operating theatre capacity at the hospital has on occasion been compromised by infrastructure failings. An entire new surgery unit is being constructed and is anticipated to be completed by 2025 at the latest. The orthopaedic theatres also need new air handling and chillers which is yet to be completed.

The coroner concluded that waiting for her operation “caused” Mrs Rowland to develop dementia and immobility. This “contributed” to her developing aspiration pneumonia following surgery. Mrs Rowland’s condition deteriorated resulting in her death at East Surrey Hospital on March 31, 2023.

Ed Cetti, chief medical officer of Surrey and Sussex Healthcare NHS Trust, said: “We are profoundly sorry for the delay in Mrs Rowland’s hip surgery and offer our deepest sympathies to her family during this difficult time.”

The Trust said that in the months since Mrs Rowland’s death, it has “significantly” reduced delays in hip fracture surgery. In November 2023 59 per cent of operations occurred within 36 hours and 91 per cent within 48 hours.

Mr Cetti added: “We always strive to perform surgeries of this nature as soon as possible and monitor our performance against the 36-hour time window identified by NICE guidance. We also monitor against a 48-hour window to ensure any patients that miss the 36-hour target are not waiting longer than 48 hours.

“Recognising that not all patients are medically well enough for surgery within 36 hours, we are working on improving our performance further and reaching the 80 per cent target by the end of 2024/25.”

Image: Entrance to East Surrey Hospital. Credit Get Surrey

New born enters world by rare EXIT

9 July 2024



A 50 strong team of specialist medics crammed into an operation theatre recently to carry out a globally rare procedure on a newborn baby and save his life.

Little Freddie Verschueren was delivered at St George’s hospital in South West London using the Ex-utero Intrapartum Treatment (EXIT) procedure which delivers babies who could potentially have serious challenges at birth.

This procedure is used when an unborn child has an obstruction in their airway which means they would be unable to breathe independently once they are removed from the placenta.

Professor Asma Khalil, consultant obstetrician at St George’s, led the entire operation, which involved about 50 medics and other staff in the operating theatre.

She said: “An EXIT procedure involves a large number of healthcare professionals from various backgrounds including an obstetrician, fetal medicine specialist, an anaesthetist, a paediatric anaesthetist, a paediatric ENT surgeon, midwives and the neonatal team, as well as other theatre staff.”

In little Freddie’s case there was a cyst on his tongue that could potentially block his airways it was detected in a scan during his mum’s second trimester. The team made an incision in mum Anna’s tummy and delivered Freddie’s head and shoulders first, leaving him attached to the placenta and able to breathe.

They established an airway so he could breathe independently before delivering the rest of him. Freddie weighed 6lbs 8oz (3.1kg) at birth and was able to go home with his parents Anna and Peter Verschueren a healthy baby.

Anna said: “We’ve been incredibly impressed with the service we have had at St George’s, at every step it has been

outstanding care. When we found out we needed to have the procedure we felt in such safe hands with the experts at St George's. We never doubted their skill and advice."

Professor Khalil added: "I am very grateful to the efforts by every member of our large team who ensured that we delivered the best care to Anna and Freddie. Saving babies' lives and caring for the parents during challenging times is the most rewarding aspect of my job."

An EXIT procedure is extremely rare. However, despite its global rarity this is the second time it has been carried out in St George's this year.

Dr Richard Jennings, Group Chief Medical Officer for St George's, Epsom and St Helier University Hospitals and Health Group, said: "St George's is one of the few hospitals in the country that carries out this rare procedure and saves the lives of many babies. I am pleased to hear that Freddie is doing well thanks to our dedicated and skilled teams and everyone at St George's wishes him and his family all the best for the future."

Virtual care to rise under ambulance plan

9 July 2024



Over a third of South East Coast Ambulance (SECAmb) service responses will be done remotely in a new five-year strategy. (Here "remotely" means by video call or telephone rather than sending out an ambulance.)

The NHS Trust said its care model is no longer "fit for purpose" as it prepares for a 15 per cent increase in patient demand over the next five years, at a board meeting last week (April 4). Increasing demands on the service included health care becoming more complex, the ageing population and changing areas of deprivation.

By 2029, the Trust aims that over a third of all its patients will be signposted to another service- leaving 65 per cent of patients with an ambulance response. The change will affect Surrey, Thames Valley, Kent and Medway as well as Sussex Integrated Care Systems (ICS).

Simon Weldon, CEO, reassured that SECAmb would still be there to protect and look after the sick who needed an ambulance. He added: "If patients don't need an ambulance, we can help you get you to a place which can meet your healthcare needs."

Urgent medical needs such as cardiac arrest, a stroke, heart attack, pneumonia, childbirth and newborn care would still be attended to by ambulances, the Trust said.

Delivering this strategy, over the next three years, SECAmb expects it to meet emergency care needs within the national standards of 7 minutes for calls for immediate life-threatening and time-critical injuries and illnesses; and 18 minutes for emergency calls.

For non-emergency patients, virtual care will be provided via an assessment by a remote senior clinician. Meeting documents said this would enable patients to be "cared for directly or referred to the most appropriate care provider".

Investing in a data and digital strategy was highlighted as a key part of the new direction. The board heard how new technology like AI would help the SECAmb make better decisions and lead virtual consultations. These could be used to respond to patient needs in a remote and professional setting rather than sending an ambulance.

Meeting documents revealed that 88 per cent of patients received an ambulance response; but an SECAmb officer said the outcomes from the cases indicated only 30.5 per cent of patients needed clinical care.

Only 12 per cent of patients are currently referred or signposted to another service rather than receiving ambulance care; but under the new strategy for 2029, this will increase to 35 per cent.

Team Member for SEAmb, Matt Dechaine, said: "Sending a fully kitted ambulance is a very expensive way for the public purse to respond to patient needs, when other services may be able to address it in a cost-effective way."

Covering five years, the new strategy will be carried out in three phases: designing new models of care, collaborating with partners and developing a digital strategy; implementing the change and finalising and improving the operational model. Digitalisation of the service will begin in phase 2, with electronic health records deployed by March 2025.

SEAmb identified its model as "unsustainable when challenged" from an operational, workforce and financial perspective. The Trust found it would need to employ 600 more people over the next five years to respond to demand.

Not all non-emergency patient consultations will be resolved solely over the telephone. Simon told the board that the

strategy aims to “align patient needs with ambulance services”.

Over 2,000 staff, 400 volunteers and 350 members of the public have been consulted on the strategy, with the Trust saying it has been “clinically led”. System partners have also been invited to 20 sessions to share their views.

The full new SECamb strategy is set to be published in May 2024.

Call staff at South East Coast Ambulance NHS Foundation Trust. Credit SECamb

Psychiatric bed shortages in Surrey

9 July 2024



A man tragically took his own life in Surrey after a mental health relapse, prompting a coroner to warn of a shortage of psychiatric beds in Surrey hospitals.

Jonathan Harris, 52, who suffered from paranoid schizophrenia, died by suicide on June 27, 2022.

If an inpatient psychiatric hospital bed had been available just days earlier, Jonathan would not have died, the coroner ruled. Coroner Anna Crawford judged that action should be taken to prevent future deaths.

Bed shortages for mental health patients in Surrey, as well as nationwide, has been an ongoing issue for NHS Trusts. Many patients are forced to move up to 60 miles away from home to receive treatment because there are few beds in their area. The court heard that this is in the context of a national shortage of suitably qualified psychiatrists.

Following a lengthy psychiatric inpatient stay in Camberley in November 2021, Jonathan was under the care of Surrey Heath Community Mental Health Recovery Service, which is part of Surrey and Borders Partnership NHS Foundation Trust.

Jonathan was prescribed anti-psychotic medication. In February and May 2022, Jonathan requested for his medication to be reduced to fortnightly and then once every three weeks.

The reduction in medication in May 2022 was judged as “premature” by the coroner. Jonathan had reportedly shown signs of appearing “suspicious” when he was seen by the Surrey Heath Mental Health Team (MHT) on May 4. However, these signs were not explored.

The mental health team were also aware Mr Harris was moving house, meaning and move to a new community mental health team, which may affect his wellbeing.

Jonathan’s mental health continued to deteriorate and on June 24 it the MHT decided that he required an assessment under the Mental Health Act.

No inpatient bed was available and therefore the assessment did not take place. If Jonathan had been assessed, he would have been detained under the Mental Health Act and admitted to hospital.

The coroner said: “Mr Harris would not have taken his own life had he remained well and the relapse of his paranoid schizophrenia materially contributed to his death.

“Mr Harris would not have died had an inpatient psychiatric hospital bed been available on either 24, 25 or 26 June 2022.

“The court also heard that there is an ongoing shortage of available inpatient psychiatric beds in Surrey and that this is in the context of a national shortage of inpatient psychiatric beds. The court is concerned that both of these matters present a risk of future deaths.”

The Prevention of Future Deaths report was issued to NHS England rather than to Surrey and Borders Partnership. NHS England was invited to comment; it said it is working to the coroner’s deadline of 56 days to respond with the action it will take or proposed to take, and such information is not yet available.

Related reports:

Coroner catalogues care failures in diabetic death

Better private – public health communications could prevent deaths

Cancer patient getting the right royal treatment

9 July 2024



The first cancer patient set to undergo a revolutionary new procedure that could cut treatment time to almost a quarter said it was a “privilege” to be given the opportunity.

The **Royal Surrey NHS Foundation Trust** is taking part in a new clinical trial led by the **Royal Marsden** into prostate cancer. Currently, patients are treated with radiotherapy over a minimum of 20 treatments which lasts four weeks or more. Under this new process, that time could be reduced to one and a half weeks.

Michael Robson, 78, is the first patient to be part of the trial in Royal Surrey. He was diagnosed in December 2023. He said: “One of my friends was diagnosed with prostate cancer and he said I should get a test so I had a blood test and I was called by my GP and sent for an appointment at urology. I was fortunate enough to meet Dr Philip Turner who gave me the options and went through everything. Everything has been explained to me in a way that is easy to understand and made the journey so much easier to deal with. All of the staff I couldn’t complement them highly enough. They have been fantastic.”

Michael was given options for treatment and was asked if he was interested in taking part in the clinical trial and he agreed straight away. He added: “It’s been fantastic here. I feel very privileged to be the first patient. The service has been first class from everybody concerned.”

Patients with low and intermediate risk disease who took part in a trial called PACE-B demonstrated that the process would work in the tighter time frames. This new study is to determine whether those considered high-risk would get the same benefits. The trial, called PACE-NODES, was opened at The Royal Marsden and was designed jointly by investigators from Queen’s University Belfast and The Institute of Cancer Research, London.

Dr Philip Turner, consultant clinical oncologist and principal investigator for the trial, said: “We are delighted to be opening the PACE NODES trial in Royal Surrey. This is part of our drive to give Surrey patients access to the very best oncology clinical trials from across the UK and indeed from across the world.

“The benefits with regard to timing are enormous - the standard of care for these men is a minimum of four weeks of daily visits which is very disruptive to life. The rates of side effects are low. Crucially, the five fraction treatment appears just as safe as conventional 20 fraction treatments which we have been using for years very safely.”

Chief executive Louise Stead said: “Royal Surrey has a long and proud tradition of being a premier centre of UK oncology research and we are determined, with the support of our patients and other partners, to ensure as many patients as possible have access to ground-breaking research close to home. If successful, this could make a huge difference to patients receiving treatment for prostate cancer.”

L-R: Radiographer Kate Maltby, Michael Robson, Dr Philip Turner