

Please respond to:
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22nd May 2017

Senior Coroner M E Hassell
Inner North London
Poplar Coroner's Court
127 Poplar High Street
London
E14 0AE

Dear Madam

Inquest touching upon the death of Mariana Pinto

This is a formal response to your Regulations 28 Report dated 14th March in which you set out your concerns relating to the care Ms Pinto received from East London NHS Foundation Trust.

Your concerns related to the following three points:

- Limitations of the crisis team were not made clear to Ms Pinto's family and friends.
- Provision of information regarding a possible resurgence of symptoms as a result of cannabis withdrawal and advice on a clear plan of action.
- The handling of the phone call to the crisis line made by Ms Pinto's husband at 3:32pm on 16 October.

I will address each of your concerns in turn below.

I am aware that you heard evidence during the course of the Inquest that following psychiatric assessment in A&E Ms Pinto had been referred to the Home Treatment Team (HTT).

You were informed by witnesses that the HTT does not provide an emergency service and in the event that emergency assistance is required assistance the individual should attend A&E with assistance sought from Police or Ambulance services when required. I acknowledge that although the family were provided with crisis information on discharge they were not clear about the limitations of the HTT in relation to providing an emergency response.

It is obviously important to ensure that both the patient and relatives/carers are aware of the steps to take should there be a serious deterioration in an individual's mental state. Having considered your concern I am confident that this will be addressed by the formulation of a written discharge care plan which is currently being developed and will in future be provided to all service users/relatives prior to discharge from A&E following a psychiatric assessment.

This care plan will set out who the service user was seen by, what the follow up plan is, contact details for relevant services and when an individual should expect to be contacted. Advice on when to seek urgent help and what to do in the event of an emergency will be included in this care plan, which will also deal with the concerns you have raised in relation to advice about resurgence of symptoms, what to look out for and what action to take in response.

I acknowledge that attending A&E and undergoing a psychiatric assessment can be a stressful and confusing experience for an individual and their relatives. I consider that the provision of a written discharge care plan will prove to be a useful tool.

A template for this care plan has been drafted and will be presented at the Hackney Service User Focus Group at the end of this month. Following consultation with service users and carers this will be implemented. I am informed that Ms Pinto's mother-in-law will be providing views as a carer representative as part of the consultation process.

In relation to your final point regarding the handling of the call made by Mr Parra-Braun on the afternoon of 16th October it is important to confirm that in an emergency situation advice to contact Police and Ambulance is an appropriate and robust response. I believe that your specific concern related to what support the HTT could have provided in the interim, for example the member of staff attempting to speak to the service user to deescalate the situation and/or personally contacting the emergency services.

Direct contact with the emergency services by mental health staff is not straight forward where family or friends are in attendance at the scene, as Police and Ambulance services require as much information as possible in relation to access and a description of the current situation from relatives or carers. However, in the event that a service user is on their own at a time of crisis then staff could intervene to call an ambulance or request that the Police attend to conduct a welfare check.

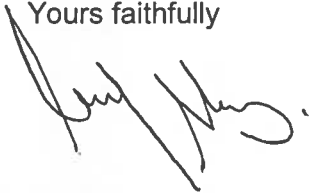
Advice on de-escalation of a crisis is a role that *is* fulfilled by the HTT. This *can* be in the form of advice at the time of a call to the crisis line or a return call following the advice to contact the emergency services. It is the standard practice of the team to follow up on calls to the emergency services either by telephone or in person. Whether to speak to a service user directly whilst their relative contacts emergency services need to be carefully considered on a case by case basis.

I understand that you heard evidence during the course of the Inquest that additional funding had been secured for the HTT and from October 2017 the team will have increased flexibility to bring forward visits to those service users who experience a deterioration in their mental health between scheduled visits. From October 2017 the service will be reconfigured to provide the availability for 24 hour face to face contact if required and an enhanced urgent response service. The City and Hackney Home Treatment Team had previously operated one shift only each day of the weekend, with a morning shift on a Saturday and an evening on Sunday. This has since been changed to providing both a morning and an evening shift to improve provision of visits on the weekend.

With the changes already undertaken and those planned for implementation over the coming months I hope you will be content that the Trust has taken these issues seriously and adequately addressed your concerns.

If you do require any further information please do not hesitate to contact me.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Kevin Cleary', written in a cursive style.

Dr Kevin Cleary
Chief Medical Officer

