NHS
Yorkshire
Ambulance Service
NHS Trust

15 December 2017

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Mr M A Beresford
Assistant Coroner for South Yorkshire (East District)
Coroner's Court and Office
Crown Court
College Road
Doncaster DN1 3HS

Dear Mr Beresford

Inquest touching the death of Christopher Cyril Kiernan (Deceased)
Response to Regulation 28 Report to Prevent Future Deaths dated 24 October 2017

I refer to your report dated 24 October 2017 issued under paragraph 7 Schedule 5 of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.

I am aware that during the inquest hearing on 10 October 2017 in respect of Mr Kiernan you heard evidence relating to the function of Mental Health Nurses within Yorkshire Ambulance Service NHS Trust ("**the Trust**") and as a result a Regulation 28 Report has been issued.

The purpose of this letter is to provide you with a full response to the concern as set out in your report, in so far as this is an issue which can be addressed by the Trust.

I set out your concern and seek to address it below.

<u>The ineffectiveness of the pathway for communicating information direct to the RDaSH Crisis Team</u>

The Trust provides 999 support for patients in crisis. This is achieved by a dedicated team of Mental Health Nurses within the Emergency Operations Centre ("**EOC**") triaging incoming 999 calls where the chief complaint relates to mental health concerns.

Based on the content of the call, and discussion with the patient where possible, the Mental Health Nurses identify whether an ambulance response to the patient is required to facilitate conveyance to an Emergency Department.

In situations where it is deemed an ambulance response is not required the role of the Mental Health Nurse is to provide support to ensure the right care can be sought within the 999 call.

The options available to the Mental Health Nurse during the call are:

- signposting the patient to a crisis service by providing the contact information of the relevant service;
- making a direct contact with Mental Health Services (with patient consent) for those patients who are already receiving care and support in the community; or
- providing self-care advice (e.g. on a medication issue).

Importantly, the EOC Mental Health Team is not a crisis team, unlike those operated by Mental Health Trusts. The function is limited to the actions above which can be undertaken throughout the 999 call. The Trust currently does not provide a callback or crisis service; once a call is terminated the Trust involvement ceases and the operative moves to the next awaiting 999 call.

With regards to the Trust's contact with Mr Kiernan, once it was communicated by South Yorkshire Police communications centre ("**SYP**") that an ambulance disposition was not required the call should have been closed from a Trust perspective, however this position was not clearly communicated or understood. The passing of responsibility by SYP to the Trust to initiate referral or signposting at this was stage was incorrect and outside the obligations of the Trust. At that point, the obligation to liaise with Mr Kiernan and any relevant service resided with SYP, and this should have been made clear in dialogue between the emergency services

In this instance, the Trust operative in fact undertook a callback and provided signpost information. This deviated from process and potentially led to confusion as to whether or not a referral to a crisis team had been made.

Addressing your concern as to "the ineffectiveness of the pathway for communicating information direct to the RDaSH Crisis Team", I can state that there is a facility to:

- signpost the patient to this service (or other crisis service dependent on geographical area); or
- refer the patient to the their crisis team with consent and when already receiving care

within the duration of the 999 call.

The Trust currently does not offer a callback advice service once an ambulance response has been deemed not required by the police. This is necessary due to service delivery demands, resource limitations and a requirement to prioritise waiting 999 calls.

In order to ensure that the position is clear to all involved in this complex area of health care, the Trust has:

- reiterated to all its Mental Health Nurses that their role within the 999 call is that of a triage function. More specifically, it will be emphasised that if it has been determined that an ambulance response is not appropriate for the circumstances the call should be closed following signposting, onward referral or self-care advice if necessary and possible within the remit of the 999 call;

- reiterated to all Mental Health Nurses within EOC that in circumstances where police have stated an ambulance response is not required but have identified that further and alternative mental health support is required, they should be clearly instructed (directly on scene or via their communications centre) that this facility of 'call back' and signposting is not provided by the Trust.

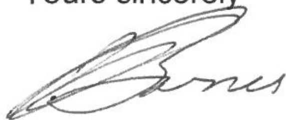
The Trust also intends to improve communications by introducing a process whereby Clinical Hub staff within EOC, including the Mental Health Nurses, are able to make direct radio contact with police on scene at such incidents and advise them as appropriate. This can be used in situations where more information is required to determine appropriate action, or to simply inform of the role of the Trust once an ambulance response has been deemed inappropriate. The Trust has yet to roll out this process across its demographic however is currently discussing its implementation with the other police forces in the Trust's area of operation.

The Trust is committed to improving mental health care for patients, recognises the complexities in this field and is cognisant that multi-agency working is critical to achieving best outcomes and appropriate care. To this end, the Trust is working within the Sheffield Crisis Care Concordat to ensure appropriate responses to the needs of people with mental health conditions, in association with SYP, Sheffield Health and Social Care Trust, Sheffield Teaching Hospitals, Sheffield City Council and NHS Sheffield CCG. This includes a review of the processes, roles and functions of ambulance and police described above. It is envisaged that once established, agreed best joint working solutions be rolled out to other areas. Review of the current process and communications between agencies is within the scope of the Sheffield Crisis Care Concordat.

I apologise if the position above was not fully outlined in evidence at inquest. I am, of course, happy to discuss further with you any remaining concerns.

Our thoughts remain with Mr Kiernan's family.

Yours sincerely



Rod Barnes
Chief Executive