



Ms A Combes  
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1 February 2021

Dear Ms Combes,

**Inquest touching the death of Mr Thomas Rawnsley (Deceased)**  
**Response to Regulation 28 Report to Prevent Future Deaths dated 9 December 2020**

I refer to your report dated 9 December 2020 issued under paragraph 7 Schedule 5 of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013, as directed to Yorkshire Ambulance Service NHS Trust ("**the Trust**").

I am aware that during the inquest hearing in November 2020 in respect of Mr Rawnsley you heard evidence on the use of Patient Information Leaflets for safety netting of patients by the Trust's clinicians and as a result a Regulation 28 Report was 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 identified action that should be taken and seek to address these below.

*Matter of concern: The information which appears on the EPR is not accurately recorded on the patient information leaflet where pressures of time mean that paramedics are rushing to summarise the instructions on the EPR on the patient information leaflet. This could lead to incorrect information being provided to patients or incomplete information being provided to patients along with the EPR not properly reflecting the information which has actually been given to the patient.*

*Action that should be taken: I would ask that your response includes consideration of regular spot audits of a week at a time over the course of the next 12 months where paramedics are asked to take a photograph of the patient information leaflet so that this can be accurately compared with the EPR information in the audit process.*

The Trust first introduced the Patient Information Leaflet ("PIL") as a tool to assist patients who were not conveyed following ambulance attendance in having written advice on appropriate actions to take should a change in their condition occur; generic and specific advice is prompted in the PIL. I enclose a copy of this document for your reference. I acknowledge that currently copies of this leaflet are not kept within the Trust and the contents are not audited, although I can say to the best of my knowledge that there has been no evidence of any incidents, concerns or complaints raised on the content of the PILs to date.

The Trust has carefully considered the mechanism of the audit suggested in the Regulation 28 Report and has determined an alternative process. I am aware that you invited this at the inquest hearing and no disrespect is intended. We consider that a different approach is required due to anticipated practical difficulties with recording of the PIL and concerns that this method would result in an 'on notice' audit and results may therefore be skewed against the true position.

We propose to undertake an audit based on a targeted request for feedback from a sample of patients treated at home to seek their views on the nature and adequacy of information and advice provided. This will serve two fold as the Trust will be in a position to review the information left by the clinician, and also test the accessibility of the information to the patient in terms of it being fully understood.

The Trust's future intention is to ensure that contents of the PIL are fully embedded in the EPR and, when technological developments allow, the Trust will have the facility to email this entire record to the patient and their primary care provider.

Additionally, and as an interim phase, the Trust will undertake the following:

- Review of the content of the PIL template;
- Spot audits of care plans documented on EPRs to (1) identify if there is a record of completion of a PIL and (2) review the quality of the advice given in the EPR;
- Launch of a communications campaign to staff as to the importance of detailed care plans on non-conveyance;
- Re-audit following this intervention;
- Review and development of information leaflets for specific clinical conditions e.g. head injury; and
- Development of 'tick box' indicators on the EPR to record information left.

I would like to assure you that the Trust takes your concern extremely seriously and, as a learning organisation, consistently strives to improve the clinical services it delivers to patients.

Our thoughts remain with Thomas's family.

Yours sincerely

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

Chief Executive Officer  
Yorkshire Ambulance Service NHS Trust