


16th May 2025

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Dear Ma'am,

Regulation 28 Response – Claire Driver

We write in response to the Regulation 28 report following the inquest touching the death of Ms Claire Driver. We would like to start this response by offering Ms Driver's family our sincere condolences for their loss.

We hope the information supplied in this response provides assurance that the Trust has carefully considered your concerns and has appropriate systems or processes in place in respect of the concerns. We will take each concern in turn below.

- 1. The inquest heard there were only two attempts to see Claire by the enhanced community mental health team between 28 November 2023, when she was seen in police custody, and 16 January 2024, when she was detained under the Mental Health Act, despite clear evidence her mental health was deteriorating.**

It was accepted in evidence a more assertive approach to attempt to engage Claire, and in complex cases generally, could have been used and there could have been better liaison between the police and the enhanced community mental health team when Claire was in custody.

A more assertive approach and better liaison could have prevented Claire relapsing to such an extent she needed to be detained under the Mental Health Act.

Chair:  Chief executive officer 

In July 2024 NHS England (NHSE) began a review of the intensive and assertive community support available for those with serious mental health disorders, with Integrated Care Boards across the country reviewing current staffing provisions and numbers of service users who would access such services. NHSE are leading integrated care boards (ICBs) and other organisations in reviewing service delivery for people who require intensive and assertive community support, and we anticipate the publication of service standards for us to implement later this summer.

As part of this review process the Trust established a working group to work across the whole of the organisation. This review focused on provisions available to our Enhanced teams, who deliver care to those with the most complex needs in the community whose care can involve a variety of agencies. This work is on-going. Those requiring intensive and assertive support have been identified within our teams and we have ensured they have the correct level of care.

The enhanced teams are now working to develop a greater understanding of those service users who require an intensive and assertive approach. This gives greater ability for teams and leaders to follow the care journey for these services users and add clinical scrutiny and assurance as part of discharge planning, to ensure safe oversight and discharge with up-to-date risk assessments and care plans.

FACT (Flexible Assertive Community Treatment Model) was adopted by the Trust in 2016 following a restructuring of community mental health services. The outcome of this review was the establishment of Core teams and Enhanced teams, that people would be referred to dependant on their assessed level of complexity and needs. All the Trust's Enhanced teams use FACT as a means of identifying those service users who need additional input for a period of time over and above that described in their care plan, for example because of an observed decline in their mental state. This would include those recently discharged from hospital, with relapsing mental health or other serious mental health related concerns. Service users are categorised using a risk informed traffic light grading (RAG rating) dependent upon presenting need, with those graded as in the red zone being discussed each morning by the full multi-disciplinary team (MDT). The MDT meeting can also be used to provide a forum for staff to discuss service users where there may be concerns about their presentation, but who may not meet the threshold to be red on the FACT list. The aim of

Chair: [REDACTED] Chief executive officer: [REDACTED]

providing such additional support is to minimise or avoid any further deterioration and promote a swift recovery from any symptoms of relapse.

To support the consistent implementation of FACT and the intensive and assertive approach to care, a caseload management tool is currently being piloted that will provide assurances that all service users within the Enhanced Team are discussed with a relevant clinical lead/team manager. This will ensure that clinicians receive additional case management support and ensure that all contacts, attempted contacts, and meetings are recorded within the notes, and that those who meet the criteria for benefiting from a more assertive approach are consistently identified and supported.

2. The inquest heard that training on the effect of substance misuse on mental health conditions is not mandatory for all staff and would be of assistance when caring for patients such as Claire.

A new initiative of Integrated Co-occurring Needs (ICoN) is being set up in Barnsley that will bring together co-located workers from substance misuse services, mental health services and social care services to work with people with co-existing mental health and substance misuse issues. The Trust are currently working with partners to provide mental health nurses into the initiative. The model is operational and is being reviewed by local commissioners.

In addition, the Barnsley district has a service commissioned by Barnsley Metropolitan Borough Council called Waythrough (previously referred to as Recovery Steps) for people within its population who want to address their drug and alcohol issues. The service is accessed by self-referral. The Barnsley mental health services, inclusive of the Enhanced Community Mental Health Team, maintains professional links to support users of both services in a joined-up manner. All Barnsley mental health staff are aware of the referral process to Waythrough and will endeavour to assist someone who is motivated to make the move towards contacting drug and alcohol services.

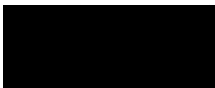
Working with people with co-existing mental health problems and substance misuse issues has been included as a priority area of the mental health care group's Learning Needs Analysis, which forms the basis of the training programme for all staff. Public Health England have made available an eLearning course – Better Care for people with co-occurring mental health and alcohol/drug use conditions, which has been made available to Trust staff. This is

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an essential to job role course with staff in the relevant teams, which would include those working with people with complex needs and those in the enhanced pathway, being identified to complete the course through their supervision or annual appraisal. Completion of this course is then registered on the persons' individual training record. In summary, approaching the training in this way in effect ensures that those clinical colleagues who require this training receive it.

I do hope the above information is of assistance and answers the concerns raised within your Regulation 28 report following the sad death of Ms Claire Driver.

Yours sincerely,



Chief Nurse / Director of Quality and Professions
South West Yorkshire Partnership NHS Foundation Trust

Chair:  Chief executive officer: 