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PRIVATE AND CONFIDENTIAL

Mr Roland Wooderson
Area Coroner for Gloucestershire Coroner's Office
Corinium Avenue
Barnwood
Gloucester
GL4 3DJ

21 August 2025

Dear Mr Wooderson

Re: Inquest touching upon the death of Callan Atkins

I write in relation to the above inquest which concluded on 26 June 2025.

On 26 June 2025 you made a report under paragraph 7, schedule 5 of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. Your report was sent to Gloucestershire Health and Care NHS Foundation Trust ("the Trust") and I am writing to provide you with the Trust response to your concerns which related to the Trust's Crisis Resolution and Home Treatment Team ("CRHTT") on behalf of the Trust Chief Executive, [REDACTED]

Specifically, your concerns were:

- That staff capacity of the mental health crisis team of the Gloucestershire Health and Care NHS Foundation Trust will dictate whether a patient is assessed on the same day when their clinical needs demand they are.
- That the Trust will not make any enquiries as to additional resources when their local Crisis team has no capacity.

We are grateful for the acknowledgement during your concluding remarks at the inquest that these concerns were not findings that you made in the inquest but were reflections that you had.

During the course of the inquest, evidence was heard that the CRHTT has a finite level of resources to draw upon. Those resources must therefore be managed in accordance with the clinical needs of the patients, which requires a level of clinical judgement. Further, the Trust does have a process for arranging for additional staffing when needed. For example, [REDACTED] explained that the activities of other crisis teams could be reviewed to see if staff could come from other parts of the Trust, or in the short-term agency staff were a possibility. Indeed, evidence was heard that earlier in the day on 17 May 2023 arrangements were made in order to address staffing levels and had it been decided that Mr Atkins needed to be seen, he would have been seen.

The Trust is however grateful for the opportunity to expand upon this in order to provide reassurance as to the processes in place and the expectations of the Trust.

The Trust's expectation is that if the clinical decision is that a patient requires a face-to-face assessment, steps should be taken to ensure that such an assessment is completed within the clinically appropriate timeframe. Where there is an interruption to the CRHTT's ability to provide the requisite services as a result of staff shortages there are a number of options available to manage staffing levels in order to meet clinical demands at a particular locality.

These include:

- Speaking to other localities to request additional support.
- Contacting the staff bank.
- Offering additional hours of work to substantive staff.
- Following discussions with the team manager or services manager (during working hours) or the 'on call' manager (if out of hours) and authorisation by the appropriate individuals, arrangements can be made for agency staff to attend the Maxwell Centre, the Trust's health-based place of safety thereby freeing up substantive members of the crisis team to attend to other clinical duties.
- During the day there is also the option of amalgamating different locality crisis teams.

The CRHTT does have a business continuity plan in place including an action plan for a range of incidents which includes actions to manage variations in staffing levels. This plan is tailored where necessary to the specific localities of each of the Trust's CRHTTs. The current version of the plan (version 3) which was approved on 30 July 2024 incorporated changes (compared to the version in place at the time of Mr Atkins' death) which makes it clearer that agency staff are an available option both during working hours and outside of working hours.

Anyone within the CRHTT is able to discuss staffing levels with the team / service manager, or if it is out of hours the on-call manager. All CRHTT staff are notified of the business continuity plan furthermore, each shift will include a designated shift coordinator, who will be a senior clinical practitioner (Band 6) and is responsible for allocating work to the other staff. The shift coordinator will act as a point of contact and when necessary, is able to escalate concerns around staffing, as well as trigger the implementation of the business continuity plan. The shift coordinator may also delegate that aspect of their role to another, and so there is always someone able to trigger the plan should that be needed.

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Chair: [REDACTED] Chief Executive: [REDACTED]

The business continuity plan addresses a range of different incidents of varying severity with the corresponding actions and escalation required. The business continuity plan will be implemented in conjunction with and according to the particular clinical demands on the service at the time. This will include the circumstances of any patient including their clinical presentation, dynamic risk assessment and safety planning. If a patient is deemed to require a face-to-face assessment, steps are taken to ensure that they are assessed by the appropriate staff within the clinically appropriate time scale.

Whilst all CRHTT staff should be aware of the business continuity plan, out of an abundance of caution the CRHTT circulated a reminder to all staff regarding the plan and staffing levels. This was circulated to all staff members on 9 July 2025 and also highlighted to Locality Team Managers at a meeting on 15 July 2025.

Yours sincerely



Medical Director
Gloucestershire Health and Care NHS Foundation Trust

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Chair: [Redacted] Chief Executive: [Redacted]