NHS
South East Coast
Ambulance Service
NHS Foundation Trust

Trust Headquarters
Nexus House
4 Gatwick Road
Crawley
West Sussex
RH10 9BG

1 October 2025

CONFIDENTIAL

HM Assistant Coroner Caroline Topping
[redacted]

[redacted]

Dear Ms Topping,

Re: Tracey Ostler Inquest, Prevention of Future Deaths Notice

On behalf of South East Coast Ambulance Service, I would like to extend our sincere condolences to the family and friends of Ms Ostler and acknowledge the seriousness of the concerns raised. South East Coast Ambulance Service (SECAmb) is committed to learning from this tragic event and to improving its systems and practices to prevent future deaths.

In Surrey, SECAmb manages approximately 230 mental health incidents a week. Responding to mental health incidents is a core component of SECAmb's operations. Developing an improved framework for staff decision making around managing suicidal patients declining conveyance has formed part of our 2024/2025 Quality Accounts. This work has seen improvements made to our patient records system, the development of new guidance for our staff, a commitment to additional training and improvements in patient care across the SECAmb region.

The interface between the Mental Health Act (1983) and Mental Capacity Act (2005) is a highly complex and challenging one, particularly when considering how best to support people who are in a mental health crisis and have expressed suicidal ideation or intent.

You have raised three specific matters of concern that I address below:

1. **Training for Paramedics to Undertake Capacity Assessments**

SECAmb's traditional training approach to the Mental Capacity Act (MCA) 2005 has not expressly included a focus on decision making for patients expressing suicidal ideation. Assessing mental capacity in patients with suicidal ideation is a nuanced and sensitive process; suicidal ideation may impair the ability to weigh information rationally, especially if the person feels hopeless or believes death is the only solution, and a person may appear coherent but still lack capacity if their judgment is significantly affected by mental illness.

In line with commissioned expectations for every NHS provider service, all clinical staff are required to complete compulsory education on mental capacity. This is

achieved through an e-learning package that aligns with the standards set in Adult Safeguarding: Roles and Competencies framework for Health Care Staff[1]. Additionally, classroom based Key Skills education for clinicians has had a regular cycle of programmes focusing on the assessment of mental capacity. The education programme is structured on the legislation outlined in the MCA alongside the guidance contained within the MCA Code of Practice. Safeguarding training for all registrants across the organisation discusses MCA alongside unwise decision making; the training has introduced the process of how the patient's Executive Function might impair the patient's informed decision making, particularly where this might be compromised as a result of trauma or deteriorating mental health.

Given the challenges experienced by SECAmb clinicians when apparently capacitated patients are making unwise decisions, over the last eighteen months, the Safeguarding leadership has engaged with local senior operational leadership teams across the Trust that's explored the wider context in which patients have made these decisions. Focus of the meetings has been to incorporate the concept of professional curiosity that encourages practitioners to look beyond surface-level information and engage more deeply with individuals' circumstances that seeks to explore beyond surface-level information and engage more deeply with individuals' circumstances.

The Health and Care Professions Council (HCPC) plays a regulatory and quality assurance role in paramedic education.

The responsibilities of the HCPC in developing paramedic education curricula include:

- Setting Standards of Proficiency
- Defining the threshold standards required for paramedics to practice safely and effectively.
- Guiding education providers in designing curricula that ensure graduates meet professional expectations.
- Approving Education Programs
- evaluating and approving paramedic programs to ensure they meet its standards for education and training.

While HCPC sets the framework, the College of Paramedics leads the development of detailed curriculum guidance. The current pre-registration curriculum (6th Edition) reflects the expanding scope of paramedic practice, including risk stratification and decision-making. Section C1.3 of the curriculum highlights the expected clinical assessment and management competencies for paramedics. This section states that paramedics should be able to 'describe and demonstrate the exploration of a patient's mental capacity and consent to assessment and treatment cross the lifespan'.

We have reviewed all our learning packages related to mental health, including internal education for newly qualified paramedics. Following this review, we will be providing a half day training session on mental health as part of our annual clinical

[1] Adult Safeguarding: Roles and Competencies for Health Care Staff

update (Key Skills) programme. The training will form part of the 2026/27 learning programme that sees over 600 sessions of education delivered to all frontline staff.

The content will focus on how to respond to a patient who is experiencing suicidality, it will align with NHS England's Staying Safe from Suicide[2] guidance and NICE guidance NG225[3] (Self-harm: assessment, management and preventing recurrence). It will also be underpinned by current thinking on the subject, including the 2024 publication by Beale et al on '*Mental Capacity and the Suicidal Patient*'[4].

We have started delivering revised and improved scenario-based learning packages as part of our 'Clinical Conversion Course', which is for all new operational staff joining the trust, as well as our Key Skills programme for clinicians working in the Emergency Operations Centre and 111 service. The revised and improved learning packages were developed by a multi-disciplinary team of experienced mental health professionals and specifically focus on:

- Appropriate pathways for patients in a mental health crisis.
- Collaborative decision making with local mental health services.
- Key pieces of mental health law, and how they apply to the ambulance service.
- Mental capacity act and suicidality
- Dealing with complex mental health presentations, including patients who have been diagnosed with a personality disorder.

Bespoke continuing professional development is also available to staff, with accredited Mental Health First Aid and Applied Suicide Intervention Skills training delivered throughout the year. Training on 'Effectively supporting people with Personality Disorder" was delivered in April 2025 by the Surrey Psychological Informed Consultation and Training Team with three more sessions being planned for 2026.

We are also currently introducing a new model of clinical supervision which will provide a crucial support system for ambulance professionals, offering a structured and reflective space to enhance both clinical practice and personal well-being. It will allow the workforce to regularly review their work with trained peers, focusing on professional development and improving patient care in a supportive, non-judgmental environment.

2. **South East Coast Ambulance Service's protocol on undertaking capacity assessments in relation to life threatening decisions.**

We are currently reviewing and redrafting our policy on mental capacity to ensure an effective and consistent approach across Surrey, Sussex and Kent. This review is scheduled to be completed with a revised policy issued by Q4 of 2025/26. The current policy doesn't directly provide guidance on unwise decision making that could result in significant harm or death, however this will be included in the revised

[2] NHS England: Staying Safe from Suicide Guidance
[3] NICE: NG225
[4] Mental capacity in practice part 2: capacity and the suicidal patient.

policy. The policy review will include escalation guidance that falls in in line with the MCA Code of Practice (2007) and other Trust policy in relation to seeking remote clinical advice in such circumstances.

As an interim measure whilst the policy review is completed, new practice guidance ratified in August 2025 at SECAmb's Professional Practice Group has been issued to all staff (appendix 1). This explicitly guides ambulance clinicians on how to approach mental capacity act assessments for suicidal patients, including the appropriate escalation pathways. The guidance has been designed to align with national expectations, best practice and the legal framework set out in the Mental Capacity Act (2005). The guidance is available to all our clinicians via the Trust's intranet and clinical guidance application which can be accessed via clinicians' mobile devices.

Additionally, the Trust has implemented improved documentation requirements to ensure that all capacity assessments, especially those involving refusal of care, are recorded with clear justification and clinical oversight on the electronic patient record. Raising the awareness of these changes and monitoring the effectiveness of these will be overseen by the Trust's Health Informatics team who coordinate the approach to clinical audit.

3. **Multi-Agency Safeguarding Plans**

SECAmb's 2024/25 Quality Account reports on progress of patient safety and effectiveness of patient care. The Quality Account also outlines the Trust's priorities for improvement for 2025/26. One of these priorities is to develop a framework for staff decision making and documentation in managing suicidal patients who decline conveyance and is expected to be delivered by March 2026. In the meantime, the new MCA protocol outlined in Section 2 above will be cascaded across all clinical teams via the Trust's usual governance routes.

There is no agreed national model that mandates the approach ambulance services should take when responding to patients who are experiencing suicidality, and neither the Mental Health Act (1983) or Mental Capacity Act (2005) provides an explicit approach. There is also an absence of local guidance for practitioners and no explicit policy framework, which this work seeks to address.

The aims and objectives of the mental health Quality Account priority are:

- To improve the experience of patients who are in a mental health crisis and experiencing suicidality.
- To improve the advice and guidance available to frontline staff to support them in making safe, well documented decisions when they are responding to patients who are experiencing suicidality.
- To work with partners in Surrey, Kent and Sussex to further inform and develop shared decision-making pathway

We have reviewed the emergency mental health care pathways in Surrey, Sussex and Kent as part of this work to ensure there is a clear partnership framework to support the emergency ambulance response to people who are experiencing suicidality. For patients in living in Surrey, the identified route is via Surrey Mental

Health Professional Line run and operated by Surrey & Borders Partnership NHS Foundation Trust. When using the Surrey Mental Health Professional Line, ambulance crews can discuss presentations with appropriate trained mental health professionals who have access to the information and knowledge to understand and interpret any care plan that has been put in place. This also ensures that time and issue specific decisions are made as is required by the Mental Capacity Act, considering the most up to date and relevant information.

In addition to the pathway outlined above, the Trust is working closely with key partners to expand access to existing and new shared care records system platforms via our electronic Patient Care Record (ePCR) system. The expected functionality includes GP records, hospital data, community and mental health notes, with the potential for including care coordination notes, vaccination history and long-term condition (LTC) management. This will support frontline clinicians to make more informed decisions, including complex mental capacity assessments, and improve patient outcomes. Currently, only clinicians based in the Emergency Operations Centre (EOC) and Clinical Hubs have access to the Summary Care Records (SCR) and two other regional local Shared Care Records (SCRs): Kent and Medway Care Record (KMCR), Thames Valley and Surrey Care Record (TVS). These systems provide vital clinical insights, including a patient's medical history, current medications, care plans, safeguarding information such as Child Protection Orders, and involvement with other community support services.

In conclusion, there is a significant amount of work that has taken place to improve how we respond to and provide care to patients presenting with suicidality. Equally, we recognise that there is more to do and SECAmb is committed to continuing this work over the coming months.

If I can be of any further assistance, please do not hesitate to contact me.

Yours faithfully,

Chief Executive

Encl. Appendix 1