Nottinghamshire Healthcare NHS Foundation Trust

Nottinghamshire Healthcare NHS Foundation Trust

Highbury Hospital

Highbury Road

Nottingham

NG6 9DR

[redacted]

5 January 2026

Private and Confidential
HM Assistant Coroner Wood

Dear Ms Wood

Regulation 28 Response: Mr. Gunaratnam Kannan

I write in response to the inquest which was concluded on 30 October 2025 into the death of Mr. Kannan. We accept your findings in relation to the received Regulation 28 and offer our sincere apologies to the family of Mr. Kannan.

Please find below the Trust response in relation to the relevant matters of concern and actions taken.

Lack of training of service providers on the Mental Capacity Act assessments and the process for referrals for Mental Health Act assessments.

As a response to the incident there was a learning review with bespoke training for the Clinical Access Line and the Crisis Resolution Home Treatment team led by the Trust's Mental Health Legislation team around use of the Mental Capacity Act on 7.10.2025.

Two flow charts were also developed (Appendix A and B) to help support staff in what considerations need to be given regarding mental capacity upon receipt of a call such as that in the case of Mr. Kannan. This includes when liaising with EMAS to ensure that there is significant consideration on how a person's mental health and consumption of substances may alter their thinking and capacity. These have been shared with all staff and are displayed in team offices for quick reference.

The process for referring for Mental Health Act assessments is held by the Approved Mental Health Practitioners (AMHP) who are part of the Local Authority. There is a clear process and pathway already in place (Appendix C).

All clinical staff members must attend the Trust Mental Capacity Training on a three yearly basis. Key topics covered as part of this training are:

- Consent
- The 5 principles of the Mental Capacity Act
- Mental capacity assessments
- The 'best interests' checklist and making best interest decisions
- Restraint in relation to the Mental Capacity Act
- IMCAs and planning for the future (including making Lasting Power of Attorneys, advance statements, advance decisions to refuse treatment, and advance decisions to refuse life sustaining treatment)

The training has been reviewed and is considered to capture all required fields and be of good quality. Compliance is monitored as part of team essential training, and this will continue for all clinical teams moving forward. In addition, the Mental Health and Legislation team provide a further Deprivation of Liberty (DOLs) training session for those staff members working in areas that DOLs applies to; and there are monthly Mental Capacity Act Documentation Workshops on Microsoft Teams for anyone to attend, and these focus on the requirements of the law in terms of sufficient information for consent, capacity assessments and best interests decisions.

<u>Lack of joint agency working/policy work on the Mental Capacity Act Assessments and Mental Health Act Assessments setting out the roles and remit of service providers.</u>

There is a clear process set out by the Approved Mental Health Practitioners in relation to requesting Mental Health Act assessments across Nottingham City and County which is included at Appendix C.

EMAS agreed to lead on an After-Action Review following the conclusion of the inquest, which key Nottinghamshire Healthcare NHS Foundation Trust employees and managers would be invited to and agreed to participate in. This is to be completed on 8 January 2026.

In addition, prior to the commencement of the inquest, Nottinghamshire Healthcare NHS Foundation Trust contacted the Safeguarding Adults Board (SAB) to make them aware of the concerns that the coroner had made organisations aware of when gathering the evidence of the case. The request was for SAB to facilitate a workstream forum involving all key agencies within the Nottingham area, with the aim to come together and agree a joint working mechanism / protocol setting out the roles and remits of service providers in the context of assessments via both the Mental Capacity and Mental Health Acts. The first meeting took place on 3 December 2025, with the plan to meet again on 7 January 2026. The initial meeting provided opportunity to discuss the case of Mr. Kannan and the current practices being followed by each agency in attendance. EMAS informed the group that this is not an issue limited to the Nottingham jurisdiction but recognised by ambulance services to be a national concern with previous prevention of future deaths notifications having been issued relating to the consideration of capacity in scenarios where a patient is declining to attend hospital for emergency treatment following lethal consumption of substance. A National workstream is also being convened by Ambulance Services to look at this in more detail. The group was informed that the national meeting was later on 3 December 2025 and that a potential outcome will be a new national pathway. It was agreed that the national work may supersede the work of this newly established local group, but that there may be additional action to be take in the meantime whilst

waiting for the outcome of the national discussion. The plan from this first meeting then was for all agencies to share their local internal pathway and protocol in terms of response and remit and EMAS to provide an update on the national forum at the next meeting in January 2026.

The Trust has taken the concerns highlighted by the coroner in this case very seriously and agrees fully that, based on the evidence provided by agencies involved in this case at inquest, there is a need for joint working to ensure all clinicians working under such difficult circumstances are supported to make decisions confidently and in the best interests of the patients involved. I hope that this response provides you, Mr. Kannan's family and the other parties involved with reassurance in terms of the ongoing plans to improve these important areas of patient care moving forward.

Yours sincerely

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[redacted]
Chief Executive Officer

Highbury Hospital, Highbury Road, Nottingham NG6 9DR
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