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Norfolk and Suffolk
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NSFT Trust Management
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County Hall
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[redacted]

Dr Sharpstone
Suffolk Coroner's Court

Date: 16th July 2026

[redacted]

Dear Dr Sharpstone

Regulations 28 and 29 (Coroners Investigations Regulations 2013) notification made in response to the death of Rebecca McLellan

I write to you in respect of Rebecca McLellan who sadly died on 20 November 2023. Her inquest concluded on 25 March 2026, and you subsequently raised a concern within a prevention of future deaths report, issued on 18 May 2026.

Your concern is that:

> *There is no documented system that I consider adequately highlights and manages planned, prolonged key care co-ordinator absence in the Youth team, nor a formal, documented process that clearly and accurately ensures that the roles and responsibilities of named key care co-ordinators are adequately covered during periods of planned leave. There is no process to ensure a dedicated, named care co-ordinator is identified to the mental health patient to provide continuity of care during prolonged periods of planned leave.*

As explained in the attached letter to you dated 13 May 2026 (enclosed), there are specific processes in place both for planned and unplanned leave. I note your concern set out in the prevention of future deaths report, specifically relates to the management of planned and prolonged absence of care-coordinators in the Youth Team however.

Planned, prolonged leave may include maternity/paternity leave or planned sick leave. The process to manage prolonged, planned leave of a care-coordinator in the Youth Team is as set out below:

- At the point that a care co-ordinator's prolonged absence is planned, they will no longer have any new patients allocated to them.

- In advance of their absence, the care co-ordinator prepares a hand over of their patients which outlines their intervention level.

- In addition, at the care co-ordinator's supervisions with their line manager in the run up to their absence, there is discussion about the care co-ordinator's patients and management of the planned leave, supported by the handover document.

- At MDT meetings, each patient and their clinical need is discussed. In the context of care co-ordinator going on planned leave, these MDT discussions support the Clinical Team Manager to determine which patients require re-allocation during the planned leave and which do not.

- The decision about re-allocation is made at the most appropriate time (based on the patient's presentation at the time and known history), in the lead up to the care co-ordinator's absence. The

expectation is that a decision will be made for all patients prior to the last two planned visits by the care co-ordinator before their leave.

- Individual patients are notified by their care co-ordinator of the plans to manage their absence in advance. How that is done will be dependant on what is most appropriate for the patient, but when a decision is made to re-allocate a patient to a new care co-ordinator, they are notified of this at the penultimate appointment with their usual care coordinator. Then the final appointment before the care co-ordinator's leave is a joint appointment with the original and the new care coordinator to support a positive transition between staff.

To ensure the process is documented and applied consistently across all community services, the Trust has prepared and ratified a guidance note for staff (enclosed).

Rebecca's tragic death has brought about change within the Trust, as set out in the evidence provided to the Court by [redacted], Director of Nursing and Quality for East Suffolk, both during the inquest and subsequently. We trust that the above information addresses your concern.

Finally, I wish to join my colleagues in offering our deepest condolences to Rebecca's family and friends for their tragic loss.

Yours sincerely,

[illegible]
Chief Executive Officer