Recovery Steps Cumbria
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HM Coroner's Office
Allerdale House
Workington
Cumbria
CA14 3JY

12 October 2026

Dear Ms Taylor,

**Re: Waythrough's response to the Regulation 28 Report to Prevent Future Deaths following the Inquest into the death of Graeme John Wear Elliott**

I write in response to your Regulation 28 Report to Prevent Future Deaths dated 17th August 2026 (the "Report") concerning the death of Graeme Elliott on 17th October 2025. I respond on behalf of Waythrough, which operates Recovery Steps Cumbria ("RSC").

Waythrough has carefully considered the matters of concern set out in your report. We wish first to express our sincere condolences to Graeme's family and friends for their loss. The death of anyone known to our services is taken extremely seriously, and we have used the concerns you have raised as an opportunity to reflect on our practice and to identify learning wherever possible.

It is stated within the Report that whilst it is not possible to determine that Graeme's death by hanging on 17 October was preventable, the matters of concern are as follows:

1. That upon receiving information which could possibly inform formulation of the risk of self-harm and plans to mitigate the risk, this was not automatically shared with a partner agency who was actively involved in the care and treatment of a client; and
2. Family, one of whom worked within mental health, were supportive of Graeme, yet there appears to have been no discussion about sharing this information with them.

Waythrough was not an Interested Person in the inquest and so welcomes this opportunity to set out for the Coroner in more detail the framework within which RSC works and how that framework applied to Graeme.

To assist the Coroner, this response first explains the background to Waythrough and RSC, RSC's approach to information sharing, consent and escalating concerns regarding risk, and how RSC assesses suicide risk. It then sets out RSC's involvement with Graeme before responding to each concern in turn, including the actions being taken.

**About Waythrough and Recovery Steps Cumbria**

Waythrough is a national charity, registered in England and Wales (No. 515755), which supports over 130,000 people each year through around 260 services. Its work is delivered by approximately 3,200 staff and 500 volunteers. Its services include drug and alcohol treatment and recovery, community mental health support, crisis houses and havens, and housing.

RSC is a specialist drug and alcohol recovery service, delivered by Waythrough, for adults aged 18 and over who live in Cumbria and have an identified drug or alcohol need. It is not a mental health service. The service is commissioned and funded by the public health teams of Cumberland Council and Westmorland and Furness Council. Engagement with the service is voluntary, and individuals can choose whether to consent to information about their care being shared with other agencies, subject to the exceptions explained below. RSC works in a person-centred, recovery-oriented way, underpinned by trauma-informed practice, and tailors support to each person's needs and goals.

RSC operates three primary treatment pathways: an opioid pathway, an alcohol pathway, and a non-opioid and non-dependent alcohol pathway. Graeme was supported on the non-opioid and non-dependent alcohol pathway. Under this pathway, the prescribed intervention follows a structured programme of approximately 12 sessions, progressing through engagement and building motivation for change, to addressing triggers, high-risk situations and coping skills, and then to lapse/relapse prevention and forward planning. Harm reduction information and psychosocial interventions, delivered with a trauma-informed approach, are provided throughout the treatment journey.

Each pathway begins with an initial assessment, which will include consideration of any information provided on referral. Its main purpose is to gather information about the individual's circumstances, substance use, physical and mental health and wider social situation, and to begin discussing treatment options and goals. A risk assessment and risk management plan, and a recovery plan, are started at this point and updated during treatment. The individual then moves into engagement and building motivation, structured treatment and, ultimately, sustained recovery.

**Information sharing, consent and safeguarding**

When an individual enters the service, they are given RSC's privacy notice, and RSC's initial privacy script and Adult Sharing Consent form are discussed with them. The privacy notice explains that Waythrough is the data controller for RSC, how the individual's information is used, when it may be shared on the basis of legitimate interests (for example, with the local authority social care team where risks and vulnerabilities require it in the individual's best interests), and the circumstances in which RSC may share information without consent. These include letting mental health crisis services know if a person is at serious risk, and sharing information with a person's GP where RSC decides that the person's life is at risk.

All other sharing with third parties is decided by the individual, who gives explicit consent through the Adult Sharing Consent form. That form is completed at assessment, reviewed throughout the individual's time with the service, and recalled for review after 12 months. It

records the agencies and people the individual agrees RSC may share information with, including mental health services and other healthcare professionals, and asks the individual to name an emergency contact and a person RSC may contact if they go missing or RSC loses contact with them.

The people RSC supports are adults. Where they have capacity, they are entitled to make their own decisions about their care, including who is told about it, and they have a right to privacy and confidentiality. RSC respects those choices. They are not, however, absolute. Relevant information can be shared with partner agencies or the emergency services without consent where there is a legal requirement to do so, where there is a direct risk of serious harm or death to the person or others (including a risk of suicide), where there is a risk to public safety or public health, or where there is a safeguarding concern, in line with RSC's privacy notice and safeguarding policies.

RSC's role is to provide specialist treatment and recovery support for a person's drug and alcohol use. As set out above, it is not a mental health service. Where a person is also supported by a specialist mental health service, responsibility for the assessment, treatment and management of their mental health, including any suicidal ideation and low mood, is led by that service. RSC nonetheless asks about mental health and suicidal thoughts as a routine part of every assessment and review, takes them into account in its own risk assessment and planning, and works alongside mental health services as described below.

Since October 2023, there has been a Co-Occurring Mental Health and Substance Use Joint Working Protocol (the "Protocol") in place between RSC and CNTW. The purpose of this Protocol is to ensure that recovery-centred, asset-based care is in place for individuals with a co-occurring need.

However, where there are immediate concerns about risk or safeguarding, each service must act promptly and without delay under its own procedures, rather than waiting to share the information with each other. For RSC, this would include a referral to the CNTW crisis team, immediate sharing of information with the person's mental health team and, where appropriate, contacting the emergency services.

Where concerns are not immediate, there is no requirement for information to be shared urgently; instead, the expectation is that relevant information will be shared and discussed with partner services at the next available opportunity.

**How RSC assesses suicide risk**

Many people who access RSC have experienced, or are experiencing, poor mental health, and asking about suicidal thoughts is a routine part of every assessment and review. In assessing risk, practitioners consider not only whether someone has had thoughts of suicide, but how current and how serious those thoughts are. In simple terms, they distinguish between: (a) suicidal thoughts (sometimes called suicidal ideation) – thinking about ending one's life; (b) a suicide plan – having thought about how one might do so; and (c) suicidal intent – a current intention to act on those thoughts or that plan. Practitioners also take account of factors such as previous attempts, substance use, mental health, recent life events and the support around the person, as well as what the person says and how they present.

Where a practitioner is concerned that a person is at immediate or high risk of harming themselves, urgent action is taken, as set out above. Depending on the circumstances, this may include an urgent assessment of need, a referral to the CNTW crisis team, immediate sharing of information with the person's mental health team, and contacting the emergency services.

RSC's privacy notice tells people who use our services that RSC may let mental health crisis services know, without their consent, if they are at serious risk.

RSC also uses a RAG (red, amber, green) rating, under its RAG guidance, to decide how often each person should be seen. Every person has a RAG rating on their electronic record, which is reviewed as their circumstances change. A Red rating requires contact at least every two to four weeks, Amber every four to eight weeks and Green every six to twelve weeks. The rating reflects a range of indicators of need, including problematic alcohol use, unmanaged mental health need, social isolation and safeguarding concerns. It is a tool for setting the frequency of contact and is not, in itself, a measure of a person's risk.

All Waythrough staff complete mandatory training within their first 6 months of employment, which includes Safeguarding Awareness, Risk Management, the Mental Capacity Act, Information Governance, Trauma Awareness and Defensible Documentation. In addition, RSC practitioners complete service-specific training in: suicide awareness (the Orange Button suicide awareness training delivered through Every Life Matters); safeguarding risk and response, which includes a specific section on suicidal ideation and intent; risk assessment; and routine enquiry and professional curiosity.

**RSC's involvement with Graeme**

RSC had two contacts with Graeme: an initial assessment on 9 October 2025 and a first review appointment on 16 October 2025. RSC's records confirm that the initial assessment took place on 9 October 2025; we understand this to be the appointment referred to in your Report as having taken place on 10 October.

Graeme was referred to the service by a Care Co-ordinator from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's ("CNTW") Early Intervention in Psychosis ("EIP") Team. The referral stated that Graeme was being supported by the EIP Team, that he was not currently experiencing symptoms of psychosis, but that he was experiencing low mood and suicidal ideation and was about to re-start Sertraline medication. In relation to substance use, the referral stated that Graeme was drinking 10 to 15 pints of lager twice a week, and that he had previously used cocaine. Graeme had not previously engaged in treatment with RSC.

At Graeme's initial assessment on 9th October 2025, the following was completed with Graeme:

- Treatment Outcome Profile (a national outcome monitoring tool used by substance use services)
- AUDIT (Alcohol Use Disorder Identification Test)
- SAD-Q (Severity of Alcohol Dependence Questionnaire)
- Recovery Plan
- Risk Assessment

- Safety Plan
- Adult Sharing Consent form

There was a full discussion about Graeme's mental health during the assessment. Graeme said that he was not experiencing any suicidal thoughts and scored his mental health as 18/20. He attributed this to the support he was receiving from the CNTW EIP team, his GP and RSC, to a clearer understanding of his substance use, and to his mental health medication being effective. Graeme spoke about a previous suicide attempt (an attempted overdose) and described how, if his mental health were to deteriorate in the future, he would end his life. This was not a current plan or intention: Graeme was clear that he was not experiencing suicidal thoughts at the time. It is not unusual for people who have experienced suicidal ideation to describe thoughts of this kind about how they might respond in the future, and such thoughts do not, in and of themselves, indicate an immediate risk. A safety plan was discussed with him, and RSC's records show that his risk of harm to himself was assessed as low at that time.

The outcome for the assessment was that Graeme wanted to continue to work with Recovery Steps and to address his alcohol use and reduce his consumption further. A step reduction plan was created with him, which would then be reviewed at his first review meeting which was arranged for 16th October.

In line with RSC's RAG guidance, Graeme was given a Red rating, which requires contact at least every two to four weeks, because the referrer had reported recent psychosis and suicidal ideation, which Graeme corroborated at assessment. His first review was arranged for one week after his assessment.

At the first review meeting Graeme reported a significant reduction in his alcohol use and stated that he had consumed between 4-6 cans of lager over the past 7 days and felt "really good" in himself. Graeme stated that he was putting in place good distraction techniques to keep himself occupied, including getting back into work. In relation to his mental health, Graeme stated he was feeling positive with how things were progressing, although he still recognised that he needed support for past trauma and that he would continue to work with CNTW's EIP team to address this.

RSC explored next steps and treatment goals with Graeme, a discussion occurred in relation to Graeme potentially working with The Well Communities, a Lived Experience Recovery Organisation, and RSC agreed to contact them on Graeme's behalf to discuss support options.

Harm reduction and self-care was discussed with Graeme; he stated that he had experienced no further suicidal ideation and if this changed, he would contact CNTW crisis team for assistance. RSC Risk Assessment and Recovery Plan was updated, and it was agreed that a further review appointment would be made for 2 weeks' time, consistent with his Red RAG rating.

**Response to Concern 1:**

We understand that the Coroner is concerned that, upon receiving information which could possibly inform formulation of the risk of self harm and plans to mitigate the risk, this was not

automatically shared with a partner agency who was actively involved in the care and treatment of a client.

Waythrough recognises the importance of this concern and has reflected carefully on it. RSC knew from the referral that Graeme was experiencing low mood and suicidal ideation, and so both appointments focused closely on his welfare and mood, and on whether he was having suicidal thoughts at that time. This informed the safety planning undertaken with him and RSC's initial risk assessment.

Following Graeme's death, RSC carried out a full case review of the care it provided. That review found that RSC's safeguarding policy and procedure had been followed; that Graeme's risk assessment and recovery plan had been updated within the required timeframes; that the suicide risk section of his risk assessment, and the progress notes recording how his risk was assessed and managed, were clear and detailed; that safety planning had been discussed with him and he had been made aware of the services available to support him; and that RSC had made persistent attempts to engage Graeme following his referral, taking account of his wishes about how and when he was seen.

CNTW's referral recorded that Graeme was experiencing low mood and suicidal ideation, so the EIP team were aware of his suicidal thoughts when they referred him. Notwithstanding this, Waythrough understands that where a person is supported by both RSC and a mental health service, information of this kind may be of value to the mental health team even where RSC's own assessment is that the immediate risk is low, because it allows the team with lead responsibility for the person's mental health to consider it alongside their own knowledge of the person's history and presentation.

Although the nature of the issues disclosed did not necessitate RSC to make an urgent referral or to escalate the information 'automatically', RSC has reflected on its practice under the Protocol with CNTW, and in particular on how quickly and effectively practitioners from the two services work together when a person is known to both.

This learning is being taken forward through the current joint review of the Protocol with CNTW. The revised protocol is expected to: (a) improve how information shared between RSC and CNTW is recorded, including acknowledging receipt and providing clear and timely responses; (b) support accurate record keeping; and (c) strengthen joint care planning and risk assessment. The revised protocol is at final draft stage and, once signed off by both RSC and CNTW, is expected to be launched in the new year.

In addition, following its case review, RSC has reinforced with the wider team the importance of timely liaison with other services involved in a person's care, and of passing relevant information on even where there are no immediate concerns.

**Response to Concern 2:**

The Coroner is concerned that Graeme's family, one of whom worked within mental health, and were supportive of Graeme, yet there appears to have been no discussion about sharing this information with them.

Waythrough recognises that talking with a person about whether they would like a family member or other trusted person to be involved in their care, or contacted if they become unwell, can be an important part of safety planning, particularly where there is a history of suicidal thoughts. Waythrough also recognises the importance of recording those conversations and their outcome, and of revisiting them if a person's circumstances change.

As explained above, the Adult Sharing Consent form completed at assessment asks each person to name an emergency contact and someone RSC may contact if they go missing or RSC loses contact with them, and records which agencies and people, including family members, RSC may share information with. It is reviewed throughout the person's time with the service.

That process was followed with Graeme. His Adult Sharing Consent form was completed with him at his initial assessment on 9 October 2025. Contact with family members was discussed with Graeme and Graeme consented to RSC contacting his father as his emergency contact, and if he went missing or RSC lost contact with him. He also consented to RSC sharing information with his mental health team, including named practitioners. Graeme did not give consent for information about his care and treatment to be shared more generally with members of his family.

Graeme was an adult with capacity, and RSC respected his decisions about who could be told about his care. This reflects the Protocol with CNTW, which recognises an individual's right to choose alongside the safety of themselves and others.

RSC would not share information directly with a person's family without their consent. Where a situation required RSC to establish a person's welfare, it would contact their next of kin or emergency contact, and any decision to override consent would involve sharing information with relevant partner agencies or the emergency services. During RSC's two contacts with him, practitioners did not identify a level of risk that, in their judgement, would have justified sharing information without his consent, and so the question of overriding his wishes did not arise.

**Conclusion**

I hope this response helps the Coroner to understand RSC's involvement with Graeme, the framework within which the service works, and the actions Waythrough is taking in response to the matters of concern.

Reducing drug and alcohol related deaths within the county is a priority for Waythrough, and we are committed to working collaboratively with all partner agencies to learn from and reduce the number of deaths in the area.

On behalf of all staff at RSC, I would like to pass our sincere condolences to Graeme's family and friends.

Yours sincerely

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Area Manager

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Executive Medical Director, Waythrough