

The Office of H.M Coroner
FAO HMAc Miss Sally Robinson
The Guildhall
Alfred Gelder Street
Hull
HU1 2AA

Tel: [REDACTED]

Date 23rd May 2024

Dear Miss Robinson

Inquest into the death of Ms Linda Heath

Following the above Inquest, assurance was requested from CHCP in regard to the following matters.

- (1) The Immediate Discharge Summary did not include relevant or sufficient information about treatment in the community needs or a nursing summary.
- (2) Despite the presence of a difficult sacral sore which would have benefitted from district nursing care, no referral was made post discharge by the GP surgery.
- (3) No trigger appears to exist whereby GPs conduct follow up enquiries or visits to patients who have recently been discharged from hospital and who are complaining of a condition which may worsen and failing to attend routine appointments due to a worsening of their condition.
- (4) An over reliance upon private hygiene care packages with insufficient inquiry into the parameters of care provided by the private domiciliary carers.

Part of my role as the Executive Nurse is to ensure that CHCP adopt a robust and comprehensive approach to taking action following recommendations formulated by our independent investigators.

I am extremely saddened by Ms Heath's death and the circumstances surrounding this. I appreciate the concern and upset which this has no doubt caused her family and I sincerely hope that the actions we have taken will ensure, as far as is possible, patient safety.

City Health Care Partnership (CHCP) is unable to provide any feedback in relation to the above concerns, as there was no referral made to CHCP Community Nursing by Hull University Teaching Hospital (HUTH) or St Andrew's Surgery Hull. CHCP has a 24-hour Care Co-Ordination Hub, which manages all referrals into CHCP.

Referrals can be made by any Health Care Professional (HCP). Patients / relatives and carers can also make referrals for certain interventions. Pressure ulcer/wound care is an intervention that enables self-referral and non-HCP referrals.

The patient had previously received wound care from CHCP Community Nursing in 2018; it is unclear from the patient's electronic care record or information provided if safety netting was provided to the patient or their family by HUTH staff, that community nursing was required following discharge from hospital, or if the patient/family was provided with information by HUTH staff regarding contacting the CHCP Care Co-Ordination Hub if the community nurse did not attend.

Referrals to CHCP can be made via various routes –

- Telephone via [REDACTED] – this telephone line is staffed through-out the 24-hour period, every day, so callers will always speak to a call advisor.
- Email via [REDACTED]
- NHS e-Referral Service (e-RS) which includes copies of the referral criteria and available services.
- Internally CHCP services can send SystmOne to SystmOne referrals, (SystmOne is CHCP main Electronic Care Record (ECR) system). CHCP is currently exploring options to enable external SystmOne users to also send SystmOne to SystmOne referrals.
- CHCP regularly shares updates in relation to the referral criteria, services offered and how to refer with GPs and other HCP organisations including Secondary Care, and GPs and HCP organisations also have access to the Directory of Services (DoS) via www.directoryofservices.nhs.uk & NHS Service Finder via www.servicefinder.nhs.uk
- Referral criteria and how to refer can also be found on CHCP web page www.chcpcic.org.uk Advice and support for the public can also be found on the following sites -
 - www.eastridingofyorkshireccg.nhs.uk
 - www.hullccg.org
 - www.nhs.uk
 - www.111.nhs.uk

Bi-monthly Triangulation meetings between CHCP and HUTH Tissue Viability Nurses (TVN) are in place to discuss/hand over care for pressure ulcer and complex wound care patients. CHCP and HUTH Electronic Care Record (ECR) systems cannot communicate with each other, therefore with the help of CHCP SystmOne team CHCP TVN has been able to create a proforma that sits within SystmOne which is completed by CHCP TVN and sent electronically via email to HUTH TVN prior to the Triangulation meetings for discussion.

HUTH TVN complete the same proforma and email it to [REDACTED] who place it in the SystmOne notes and task the TVN to inform that the proforma is there for discussion at the next Triangulation meeting.

The proforma provides details of the patient and the wound type and progress to date along with any concerns. This enables the relevant Healthcare provider to investigate and feedback to the relevant team regarding wound concerns/plans, which ensures that any patient with complex wound needs, who is transferring wound care between CHCP and HUTH will be discussed at the bi-monthly Triangulation meetings to ensure a co-ordinated approach to tissue viability management.

For patients where a discharge or admission is planned or imminent in between the bi-monthly Triangulation meetings, the CHCP TVN will contact the HUTH TVN (and vice versa) either by email or phone to discuss, both parties document any communication within their own ECR.

This patient's proforma would have been sent to CHCP TVN to communicate the discharge date and CHCP community nursing would have continued to provide wound care following discharge from hospital.

The preferable solution to transferring care between CHCP and HUTH would be a digital solution between the two ECRs. CHCP TVNs are currently attending a time limited Task and Finish Group established by HUTH in relation to exploring discharge planning for patients with complex wounds/pressure ulcers and seek a digital solution. This Task and Finish Group is in addition to the Triangulation meetings.

I do hope this letter responds to your concerns.

Yours sincerely

[REDACTED]
[REDACTED]
Executive Nurse

