NHS
East London
NHS Foundation Trust

Private & Confidential

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16 September 2024

Dear Sir,

RE: Regulation 28 Response for the late Mr Omar Abdi Ahmed

1. This is a formal response to your Regulation 28 Report **(the 'Report')** issued on 22 July 2024 where you set out concerns relating to the care of late Omar Abdi Ahmed whilst under East London NHS Foundation Trust's **(the 'Trust's')** care.

2. I understand that at Mr Ahmed's inquest, you heard evidence from the 72 hour report author outlining the learning that has taken place since his death. I understand that you remained concerned about the risk of future deaths in relation to the following areas:

   2.1. Poor standards of communication between the domiciliary care company, the local authority and NHS trust resulted in a failure to identify the deterioration in Mr Ahmed's living conditions and health.

   2.2. Evidence heard in the inquest suggested an under-resourced and demoralised district nursing team lacked the clinical curiosity to predict the harm that would befall Mr Ahmed should he be allowed to disengage from treatment.

2.3. Mr Ahmed's poor decision-making in how he budgeted was never challenged, this led to a lack of nutritious food and cleaning materials in his home. Similarly, Mr Ahmed's unwillingness to turn on his central heating, a contributory factor in the development of his fatal condition hypothermia, remained unchallenged at the time of his death. Domiciliary carers capitulated to Mr Ahmed's express wishes that they ought not assist him with cleaning, personal care or meals instead, state-funded care hours were utilised to assist Mr Ahmed in attending his local pub and café.

3. I wish to assure you and the family of Mr Ahmed that the Trust reviewed the issues highlighted in the Report and has taken the following action.

RESPONSE

Standards of communication

4. The Trust is unable to comment on behalf of London Borough of Newham **('LBN')** or the domiciliary care company. However, it can confirm that LBN and the Trust have systems in place which facilitate joint working to improve care for service users under both services.

5. The Trust raised a Safeguarding Adult concern to LBN in relation to Mr Ahmed, however it was not followed up until after his death by LBN. LBN have conveyed that they are struggling with capacity at the moment.

6. In light of this, all Trust staff have been reminded (during individual supervision) of the Trust's internal escalation pathway. They are expected to follow this pathway when there are concerns about the safeguarding process between public bodies. It is a tool to support staff in recognising their responsibilities and ensuring they follow up all safeguarding referrals made, and escalate any barriers identified without delay. It also ensures that the relevant senior management is aware of concerns. It has been made clear to Trust staff that they should not wait for the monthly safeguarding forum to escalate any barriers or problems related to safeguarding process initiated by them.

7. Since the receipt of the Report, two meetings have taken place between the Trust's Director of Nursing, Community Health Service's Medical Director and LBN's Senior Safeguarding Adviser and Interim Service Manager for Access to Adult Social Care and hospital discharge. It was explored how to further improve escalation and communication between the services in relation to high risk service groups. The outcome of both of these meetings is that both the Trust and LBN's teams will meet in October 2024 to review the current pathways and organisational interface to ensure better communication relating to patient care.

8. Communication between domically care providers and Community Health Newham (the Trust) is done on an individual service user basis. The system is designed so that a General Practitioner is the gate keeper of care and manages and coordinates communication between the public bodies. That said, if a high risk service user presents as a concern to Trust staff members, they are proactive and will arrange a professionals meeting for all agencies involved. We plan to review this process with all staff over the next two months to ensure that they are aware of their responsibilities and understand the importance of acting on concerns.

District nursing team lacked clinical curiosity as a consequence of resourcing and demoralisation

9. It was concerning to hear that clinical staff members in charge of wound dressing were under-resourced and demoralised resulting in a lack of clinical curiosity towards Mr Ahmed.

10. Further context may assist in how that impression was reached. Traditionally, simple wound care services were provided by multiple providers across Newham. However, over time the wound dressing clinic at East Ham Care Centre (the 'dressing clinic') became the default provider for all wound dressing services. This created significant pressures on staff.

11. In order to reduce these demands, in September 2023, the Integrated Care Board led an improvement program to transfer the management of simple wounds to General Practitioners. This process commenced in April

2024. Now, only complex wounds are managed by the dressing clinic. Consequently, only secondary and primary care professionals such as General Practitioners, practice nurses, and acute care clinicians (doctors and nurses) can refer complex wounds to the dressing clinic. Simple wounds are managed in GP practices. It is anticipated that this reallocation of care will improve the working conditions for the wound care team.

12. Since the sad death of Mr Ahmed, some further changes were introduced to the dressing clinic. It is now staffed by a substantive band 6 nurse (as opposed to temporary staff) whose clinical and professional line management is provided by senior nursing within the Trust's Community District Nursing Team. I expect this will improve the accountability of clinical staff on the team as well as allow them to receive more consistent supervision and improve clinical skills and enhance curiosity.

13. On 24 July, a new standard operating procedure was put into place for dressing clinic staff. The key change is that the time slots allocated to attend to service users has increased from 10 minutes to 30 minutes. It is anticipated that the provision of additional time to complete work should improve care planning and allow more meaningful communications with other services as well as improve staff morale.

Poor decision making

The local authority, not the Trust commissioned the domiciliary care providers. Consequently, it is expected that the commissioner and the General Practitioner would manage concerns. However, as outlined in paragraph 8, Trust staff should be proactive when they witness concerns and arrange professionals' meetings between agencies. This will be reviewed with staff over the next two months.

Conclusion

14. I hope this response provides sufficient reassurances to you and to the family of Mr Ahmed about the additional learning that has taken place at the Trust because of his sad death.

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15. I would like to offer my sincere and heart-felt condolences to the family at this difficult time.

Yours sincerely

Chief Medical Officer

Cc: