

FAO Mr Ian Potter, Assistant Coroner  
Inner North London Coroner's Court  
St Pancras Coroner's Court  
Camley Street  
London N1C 4PP

11 March 2025

Dear Mr Ian Potter,

**INQUEST INTO THE DEATH OF SHEILA JOSEPHINE WEXLER (DATE OF DEATH 17 FEBRUARY 2024)  
RESPONSE TO REGULATION 28 REPORT TO PREVENT FUTURE DEATHS**

This is the response of Nottingham Rehab Limited (trading as NRS Healthcare) ("NRS") to a Report to Prevent Future Deaths ("PFD Report") dated 15 January 2025 which was issued under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. The PFD Report was issued subsequent to an Inquest into the death of Mrs Sheila Josephine Wexler on 17 February 2024 which the PFD Report states concluded on 14 January 2025.

NRS offer their sincerest condolences to the family and loved ones of Mrs Sheila Josephine Wexler.

NRS has set out below the context in which this response is provided.

NRS was not aware of the Inquest until it received the PFD Report on 16 January 2025. NRS had not previously been asked to provide a witness statement, or evidence of any kind to the Inquest. It was not provided with any notification of the Inquest or documentation relating to the matters referenced in the PFD advance of its conclusion.

On receiving the PFD Report and in order to understand the source of the issues it sets out and properly respond, NRS promptly wrote to the Assistant Coroner to request the transcript of Inquest and disclosure of documents. The Inquest bundle was subsequently disclosed to NRS, however the Coroner declined to provide the transcript of Inquest. NRS has therefore not had access to the evidence heard by the Coroner during the Inquest. NRS has previously assisted Coroners in other Inquests and would have been happy to do so in relation to the death of Mrs Wexler. It would have welcomed the opportunity to provide relevant information to the Assistant Coroner to enable the Inquest to have all of the information about its involvement beyond that which appears to have been provided by unconnected third parties who had been designated as Interested Persons for the purpose of the Inquest.

NRS notes that, before the conclusion of the Inquest and notwithstanding the matters identified by the Assistant Coroner in the PFD it had not been invited to participate as an Interested Person by virtue of either s.47(2)(f) or s.47(2)(m) of the Coroners and Justice Act 2009.

NRS regrets not having been provided with that opportunity and the consequence is that a PFD has been issued containing matters that NRS may have been able to clarify and means, of course, that it is not privy to the evidence heard at the Inquest and that is explicitly referenced in the PFD Report relating to NRS operations.

An example of the difficulty created in responding to the PFD when NRS has not had the opportunity to hear the evidence at the inquest is that the PFD contains a reference to the Coroner being told "that the service provided was still 'not great'". It is clear that this statement during the hearing was a consideration for the Assistant Coroner in issuing the PFD. Similarly the PFD references the Coroner hearing evidence of "numerous and ongoing delays

and 'problems' in the service provided by NRS Healthcare". However, on the face of the PFD these concerns appear anecdotal and it is respectfully submitted that they are too vague for NRS to be able to properly respond to without having heard the context in which these comments were made.

In view of the context set out above, this response therefore is made to the best of NRS' ability in seeking to address the concerns raised in the PFD Report insofar as they relate to NRS operations.

It may be relevant to note that NRS was victim of a significant cyber-attack in April 2024 which hinders access to some, but not all, previous records.

### **Response to concerns regarding the provision of equipment to Mrs Wexler**

It is important to note at the outset that NRS is a specialist provider of community equipment to people across the UK on behalf of the NHS and Social Care. NRS install, deliver, maintain and recycle such equipment. The equipment itself is prescribed by healthcare professionals and others authorised to do so who work in the NHS and for Local Authorities. NRS does not have any role in assessing people's needs. NRS operates an electronic catalogue of all care items that Commissioners and Contract Leads for London have requested that NRS Healthcare hold. This equipment can only be ordered by NHS or Social Care prescribers. No other equipment is available to NRS or its Community Equipment Technicians.

To address the concerns of the Coroner, NRS has set out below key aspects in the chronology of the provision of equipment to Mrs Wexler, which is derived from available NRS records and statements provided to the Inquest by others and provided in the disclosure bundle.

The products relevant to the PFD which were ordered from NRS and provided to Mrs Wexler by NRS during the relevant time period were a TOTO lateral turning system and a Dynamic Mattress. NRS notes that the manufacturer's information regarding both of these items of equipment references that they are prescribed to treat and prevent pressure ulcers. They are not prescribed to prevent a pulmonary embolism.

NRS has not been provided with any medical evidence linking the provision of equipment for pressure ulcers with the development of a pulmonary embolism and is therefore unable to comment on this concern in the PFD.

The PFD report suggests an initial delay in the delivery of equipment. This is not accepted by NRS. Its records show a next day order was received on 10 January 2024 at 17.17. The order was for a Dynamic Mattress, a TOTO turning system ("TOTO") and side bumpers. The cut off for next day orders is 17:00 and therefore the 'next day' for an order placed at 17:17 on 10 January is 12 January. The delivery of the Dynamic Mattress and TOTO was made on 12 January. The bumpers could not be installed as side rails had not been ordered by the prescriber for the bed. The order for bumpers was cancelled. On 12 January a same day order was received from the prescriber for side rails and these were delivered that day. The position therefore on 12 January was that a brand new (not refurbished) Dynamic Mattress, TOTO and side rails were in place and had been delivered by NRS within the service agreement timescale.

The statement of [REDACTED] Tissue Viability Specialist Nurse confirms that on 18 January Mrs Wexler was in the hospital bed with the TOTO on. No concerns were noted on this date.

NRS records show that a visit was made by one of its out of hours Community Equipment Technicians on 21 January who was at the property for 15 minutes. The available notes on the NRS system do not state what action was taken on that visit and this does not seem to be addressed in the Inquest bundle statements.

On 22 January NRS records show that a call was received by NRS to state that either the Dynamic Mattress or the TOTO were not working. An NRS Community Equipment Technician visited that day, swapped both the Dynamic Mattress and the TOTO and tested both before leaving the premises. NRS records show that the Dynamic Mattress and TOTO were both tested by NRS after collection, as is standard practice to establish what repairs are required before reuse. Neither piece of equipment was found to have a fault.

From 23 January to 29 January (inclusive) no calls are recorded by NRS as having been received by them regarding malfunctioning equipment. It is clear from the statement of [REDACTED] that the district nursing team undertook regular visits and this included 23 and 27 January. NRS is confident that a fault in the equipment would

have been obvious to the District Nurse and they would have reported this to NRS. No such concern was raised and the statements of [REDACTED] (District Nurse Team Leader) and [REDACTED] (Tissue Viability Nurse) also do not state a concern was raised to NRS at this time by any medical staff or by the family. There is a slight discrepancy between the Inquest statement of [REDACTED] which states that Mrs Wexler's daughter said NRS attended on 23 January and NRS notes, which record that the Community Equipment Technician attended on 22 January. NRS cannot explain this discrepancy. Regardless, no other report of a concern was made to NRS until 30 January.

On 30 January at 14:08 NRS records show a request was made for a same-day repair of the TOTO due to the user being unable to adjust the settings or timings. This was reported by the District Nurse Team Lead, [REDACTED]. The Community Equipment Technician attended at 16:06 and notes are that there was no answer at the property. On 31 January NRS phoned the daughter at 12:45 and there was no response. On 1 February contact was made and a visit arranged for 2 February. On attending the property the NRS Community Equipment Technician noted that Mrs Wexler was asleep and they were unable to inspect the equipment. The daughter requested that the Community Equipment Technician returned the following morning. The Community Equipment Technician returned the following morning on 3 February. They noted that a further visit was required for the repair to the TOTO to be undertaken and this visit was made on 5 February with the repair being noted as made.

A Dynamic Mattress in working order was at the property for the complete time period. The Dynamic Mattress itself has its own pump which is separate from the TOTO and for this reason the Dynamic Mattress would have provided pressure relieving qualities while in use. The TOTO is a turning system is installed underneath the mattress to provide a turning platform which provides additional pressure relief for those unable to adjust their own position in bed.

#### In summary the timeline established from NRS records is:

From 12 January- 29 January (inclusive), the Dynamic Mattress and TOTO were at the property and in working order, having been installed by an NRS Community Equipment Technician on 12 January. The possible exception to this is 21-22 January when replacement equipment was ordered and provided. However, the equipment removed from the property at this time was found to be in working order on inspection.

Between 30 January -5 February several visit attempts were made which related to the TOTO only, with this being repaired on 5 February.

#### **Tri-Pos Bariatric Alternating Air Cushion Pump**

The PFD report states that "An engineer attended Mrs Wexler's home, on behalf of NRS Healthcare, to repair the equipment but used a pump that was not compatible with the turning system." The statement from [REDACTED] suggests the incompatible equipment was a Tri-Pos Bariatric Alternating Air Cushion Pump.

This pump is not one which is supplied by NRS. It is not available on the equipment catalogue and therefore not possible for it to either be ordered by a prescriber or supplied to a service user by a Community Equipment Technician. An online search shows that this pump is publicly available as a rental product.

The Community Equipment Technician attending Mrs Wexler's address is very experienced and has completed training on the TOTO. NRS has taken very seriously the allegation that the NRS Community Equipment Technician replaced the TOTO pump with one not available through NRS and has spoken to the Community Equipment Technician concerned. The Community Equipment Technician has confirmed that he recalls attending the property and replacing the TOTO pump with another TOTO pump. He confirms that he did not see another pump and had no method of accessing equipment other than that on the NRS catalogue.

NRS is unable to retrieve the email sent by [REDACTED] with photos of the Tri-Pos Bariatric Alternating Air Cushion Pump and we note it does not appear in the Inquest disclosure. NRS acknowledge they may not be able to retrieve this due to the cyber-incident.

NRS therefore does not accept that it was responsible for the installation of the Tri-Pos Bariatric Alternating Air Cushion Pump.

In summary:

- NRS is not a prescriber of equipment. Equipment can only be supplied by NRS if it is ordered from NRS by a prescriber.
- NRS only supplies equipment in an approved catalogue.
- NRS Community Equipment Technicians only have access to equipment in the catalogue.
- The Tri-Pos Bariatric Alternating Air Cushion Pump has never been available in the NRS catalogue.
- It is therefore impossible for the Tri-Pos Bariatric Alternating Air Cushion Pump to have been ordered from NRS by a prescriber or supplied by an NRS Community Equipment Technician.

## Service Improvements

NRS took over the contract to supply 21 London Boroughs with healthcare equipment in April 2023. Since taking over the contract NRS has taken significant steps to evolve and improve the quality of customer services and equipment provided to service users.

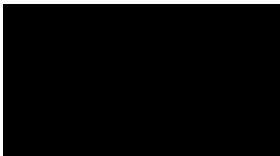
This includes;

- Providing additional training to all customer service operatives;
- Enhancing the working arrangements between customer service operatives and the management team in service centres;
- Reorganisation of Community Equipment Technician teams so they are focused on individual London Boroughs;
- Instigation of a daily debrief and feedback on any unsuccessful activity;
- Improved communication from Community Equipment Technician to managers when they have been unable to make contact with a service user at the premises;
- An improved communications process with hospital discharge teams;
- A new performance monitoring system; and
- Improvements to the product ordering system to make it clearer which equipment is in place.

Additionally, on 07 August 2024, The London Community Equipment Consortium completed an equipment review of lateral turning systems to evaluate what is currently available on the standard catalogue. During the review seventeen clinicians reviewed five lateral turning systems from three suppliers/manufacturers. A full market scope was conducted to compile a list of all relevant suppliers and products. A shortlist of products was compiled to review in person, based on an expert Tissue Viability Nurse undertaking a desktop review. The result of the review is that the TOTO system should be phased out over time and not reissued to service users, gradually replacing these with a turning system which performed better in the review.

NRS hope that this information has provided clarity to the Coroner subsequent to issuing the PFD Report. NRS also hopes that notwithstanding the fact that NRS does not accept the concerns in the PFD report, for the reasons described, actions have been undertaken and continue to be undertaken by NRS to improve its service.

Yours sincerely



Chief Community Services Officer

Nottingham Rehab Limited