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Private and Confidential
HM Coroner Melanie Lee
Assistant Coroner
Inner North London
St. Pancras Coroner's Court
Camley Street
London N1C 4PP
By email to [redacted]

02 May 2025

Dear Coroner Lee,

Regulation 28 Prevention of Future Deaths (PFD)

I am writing to respond to the Regulation 28 Prevention of Future Deaths (PFD) report for Derrick Tully, received on 28 March 2025. This response is written on behalf of Whittington Health NHS Trust.

I would like to take this opportunity at the outset to offer our sincere condolences to Mr Tully's family.

The Trust did not receive notification that the inquest had been re-listed and were only aware that it had been held on receipt of the PFD. There was no opportunity to provide details of the care provisions for Derrick at the time to the court and his family.

In the PFD you raised the following matters for concern and the actions we have taken in response to these concerns are as follows:

Integrated Community Aging Team, Whittington Health

Following Multidisciplinary (MDT) meetings due to concerns over Derrick's increasing deterioration and inability to cope with his own care needs at home, the Integrated Community Aging Team (ICAT) reviewed him on 06 March 2025 following a referral from GP via Integrated Care Coordination (INC). The ICAT discharged him from the service on 12 March 2025 following a home assessment, because he did not want to engage further with the service. In addition, the problems

identified at this assessment were already being managed under the care of other community services. Derrick was suffering from cognitive impairment as a result of previous strokes and newly diagnosed dementia. He also had a mental health history and was paranoid. This was compounded by problems he'd experienced with neighbours and cuckooing concerns meaning that at times, he didn't feel safe at home. It does not appear that these were factored into his inability to engage with the team. A review of the care records has identified that his mental capacity was not clearly documented.

Matter of concern 1

Following MDT meetings due to concerns over Derrick's increasing deterioration and inability to cope with his own care needs, the Integrated Community Aging Team reviewed him on 6 March. They discharged him from the service on 12 March because he did not want to engage with their home assessment of him. Derrick was suffering from cognitive impairment as a result of previous strokes and newly diagnosed dementia.

The Lead Consultant for the Integrated Community Aging team (ICAT) has confirmed that families are usually involved as much as possible in assessments with the consent of patients in ICAT service. Where a patient does not have capacity to decline speaking with their next of kin, attempts are made to do so in their best interests. It is unclear why this did not happen in this case, and this will be explored in detail following an independent structured judgement review at the next ICAT governance meeting on May 21st, 2025. The minutes for those unable to attend will be disseminated by email and one to one discussions. This case will also be discussed at weekly Safeguarding drop ins on 6th May 2025.

In terms of how such incidents will be addressed in future, the learning from this case will be taken to the governance, Clinical and Quality Lead and team meetings. In addition, details will be added to the assessment proforma around engagement with the next of kin to get collateral history and discuss concerns, if the patient consents to this. If the patient does not give consent, a mental capacity assessment will be conducted and documented around this decision and discussed at MDT with the lead clinician.

In terms of the decision making around discharge, although Derrick's refusal for ongoing assessment was a factor, the primary reason for discharge was that all the identified problems were being addressed by existing teams and ICAT could not add anything further to Derrick's care. In addition, as he remained under Integrated Networks Coordinators (INC) and several other community services there was a safety net in place in terms of ongoing follow up.

Matter of concern 2

DT also had a mental health history and was paranoid. This was compounded by problems he'd experienced with neighbours and cuckooing concerns meaning that at times, he didn't feel safe at home. It does not appear that these were factored into his inability to engage with the team.

The team were in receipt of the knowledge regarding the concerns the coroner has raised and duly considered. A community matron raised a safeguarding adult concern on 6th February 2024 in relation to Derrick's living conditions and his neighbours. Another safeguarding adult concern was

raised on 25th February by Whittington Hospital Accident and Emergency which explicitly highlights concerns the coroner raised around family concerns involving Mr Tully's living conditions, neighbours and ability to care for himself at home.

The Trust will use the learning from the concerns raised from this incident and have identified the following actions:

- The case will be discussed at the next ICAT governance meeting on May 21st, 2025, following a structured judgement review by an independent consultant to share learning. The minutes for those unable to attend will be disseminated by email and one to one discussions. This case will also be discussed at weekly Safeguarding drop ins on 6th May 2025.
- Further learning from this case and response will be shared at senior Trust governance meetings; Quality Governance committee on 10th June and Quality assurance committee on 9th July 2025.
- Details will be added to the assessment proforma clearly showing the requirement to consult with the patients' family where applicable.
- Compliance with the additional information completion will be audited monthly and reported back to the governance meeting.
- Mental capacity assessment will be conducted for all patients when they are not engaging with services as well as family involvement where appropriate.

Yours sincerely,

[redacted]

[redacted]

Acting Medical Director