

**Russells Hall Hospital  
Dudley  
West Midlands  
DY1 2HQ**

**Telephone: 01384 456111  
Date: 29 May 2025**

**Private and Confidential**

Mr John Ellery  
H.M. Coroner's Service Guildhall  
Frankwell Quay  
Shrewsbury  
Shropshire  
SY3 8H

Dear Mr Ellery

**Re: Response to Regulation 28 Report to Prevent Future Deaths – The late Mr Samuel Joseph Brookes**

I am in receipt of your Regulation 28 Report to Prevent Future Deaths following the Inquest, and your ruling on 15 April 2025 in respect of the late Mr Samuel Joseph Brookes. I would like to extend again the deepest condolences of the Trust to Mr Brookes' family.

Please be assured the significant communication and safety concerns raised as part of this inquest have been taken most seriously by the Trust.

Matters of concern:

1. The hospital arranged for the late Mr Brookes' transportation home without evidence of rearranging the required care.
2. There was no record, documentation or process to show or demonstrate that the care had been rearranged.
3. The transport company were responsible for transportation only and were not required to notify either the hospital, or if known, the care company of the late Mr Brookes' safe return. It proceeded on the basis or assumption that care would have restarted within 4 hours or sooner.
4. The late Mr Brookes did not have his alarm pendant around his neck and nor was his mobile phone available (it was in another room). Accordingly, when the late Mr Brookes got into difficulty, he could not raise the alarm or call for help.

In response to the above matters of concern, an immediate cross divisional and multidisciplinary team approach has been taken to devise a robust improvement plan. Many of the actions have been implemented immediately with the remaining actions progressing within agreed timeframes.

A copy of the improvement plan is enclosed below; this includes the target dates for completion, the responsible action owners, progress made to date and assurances on the effectiveness of actions taken where available.

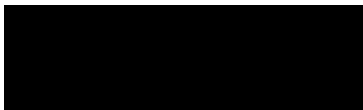
Some of the actions identified regarding patient transport, fall out of scope of the Trust. These will be taken forward by our Deputy Chief Operating Officer and Head of Site Operations and discussed with relevant integrated care system partners in relation to contractual obligations for ensuring patients discharged home are safe and have access to the agreed methods of communication e.g. mobile telephone, pendant alarm (should they have or require one).

In addition to our improvement plan, the Trust has re-established with a renewed and enhanced focus the Discharge Improvement Group. This Group has strategic organisational objectives focussed not only on increasing the timeliness of patient discharges from the organisation, but more importantly on ensuring that each discharge is carried out with the highest standards of safety and quality. As part of this work, dedicated workstreams have been initiated to support the proactive and coordinated planning of discharges across both simple and complex care pathways. The group have reviewed and agreed clear outcome measures to ensure the impact of actions can be measured, and that they are having a positive impact. Metrics to monitor safe discharge will include readmission rates, patient and carer satisfaction scores, the percentage of patients returning to their original place of residence, safeguarding concerns and the number of failed / incomplete discharges.

In parallel, a thematic review of historical discharge-related incidents is underway to identify key learning points and inform future priorities. The Group comprises of multidisciplinary representation, including colleagues from within the acute trust, our health and social care partners, the local authority, and a representative from our patient community. This collaborative approach is intended to provide confidence that discharge processes are being strengthened system-wide, with patient safety and continuity of care as central principles.

I trust this information and enclosed action plan, provide assurances to you that the Trust has taken appropriate actions to mitigate any further patient safety issues regarding discharge and commencement of packages of care.

I beg to remain sir your loyal and obedient servant.



**Group Chief Executive**

**Enc.**



## THE DUDLEY GROUP NHS FOUNDATION TRUST IMPROVEMENT PLAN

|                                              |                                                                                                                                                                                                                                   |                                        |                                                                                                                                      |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Improvement Plan</b>            | Regulation 28 Report to Prevent Future Deaths.                                                                                                                                                                                    | <b>Oversight Committee</b>             | Quality Committee                                                                                                                    |
| <b>Improvement plan prepared and lead by</b> | <p>██████████ – Interim Divisional Chief Nurse,</p> <p>██████████ Interim Deputy Divisional Chief Nurse</p> <p>██████████ Chief of Medicine</p> <p>██████████ Discharge Team Lead</p> <p>██████████ Head of Flow and Capacity</p> | <b>Improvement plan signed off by</b>  | <p>Executive Lead</p> <p>██████████ – Chief Nurse,</p> <p>██████████ Chief Operating Officer,</p> <p>██████████ Medical Director</p> |
| <b>Improvement Plan Agreed</b>               | 27 <sup>th</sup> May 2025                                                                                                                                                                                                         | <b>Anticipated date for completion</b> | July 2025                                                                                                                            |

|            |                                  |                                        |                                                                                                        |                    |
|------------|----------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------|
| <b>KEY</b> | Completed and Assurance Received | Action commenced but not yet completed | Action Overdue not completed in agreed time scales or at significant risk of not achieving time scales | Assurance received |
|------------|----------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------|

| Action Number | Recommendation / Area for Improvement Identified                                                                                                 | Action Agreed                                                                                                                                       | Lead                                | Date for Completion | Progress / Assurance                                                               | Key |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------|------------------------------------------------------------------------------------|-----|
| 1             | Disseminate the safety critical learning from the inquest findings highlighting to staff the key requirements of a safe and effective discharge. | Patient safety bulletin detailing the requirements of a safe and effective discharge to be compiled and submitted for publication across the Trust. | Matron and Chief Nurse for Medicine | 01/05/2025          | Patient Safety Bulletin developed and submitted for publication 29/04/2025         |     |
|               |                                                                                                                                                  | Patient Safety Bulletin to be disseminated across the organisation                                                                                  | Communication Team                  | 01/05/2025          | Patient Safety Bulletin disseminated Trust wide 07/05/2025 from Communication Team |     |

| Action Number | Recommendation / Area for Improvement Identified                                           | Action Agreed                                                                                                                                                                                            | Lead                                        | Date for Completion | Progress / Assurance                                                                                                                                                                          | Key |
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|               |                                                                                            | Incident learning and key requirements of safe discharge to be shared with divisional teams to ensure learning is shared widely to prevent similar incidents occurring in the future.                    | Matrons<br>Lead Nurses<br>Chief of Medicine | 01/05/2025          | Information shared via email with lead nurses and Matrons cross divisionally including front line staff to disseminate learning to the wider teams<br><br>Learning shared with Discharge Team |     |
|               |                                                                                            | Findings from the Regulation 28 report to prevent future deaths and learning plan to be shared at the Trust Discharge Improvement Group for organisational oversight once approved at quality committee. | Matron Elderly Care<br>Discharge Team Lead  | 01/06/2025          | Shared with Group 14/5/2025                                                                                                                                                                   |     |
|               |                                                                                            | Regulation 28 report to Prevention of Future Deaths outcome and learning plan to be shared with medical staff across the divisions ensuring clinical colleagues                                          | Chief of Medicine                           | 21/05/2025          | 14/5/25 shared with clinical colleagues via email                                                                                                                                             |     |
| 2             | Discharge team to be ward based to support more effective communication between the teams. | Discharge facilitators to be allocated to specific ward areas, with shared space to be utilised for all staff.                                                                                           | Discharge Team Lead                         | 01/05/2025          | C3/FMNU, C8, AMU, C1 all allocated ward-based discharge facilitators who cross cover all areas in Medicine Division.                                                                          |     |
| 3             | To mandate and monitor the completion of the discharge checklist across the Trust          | Communication to be sent to all relevant staff disseminating the immediate requirement to fully complete the discharge checklist for all patients discharged from an inpatient bed                       | Matron and Lead Nurses                      | 01/05/25            | Formal email sent to all leads and Matrons re completion of checklist in medicine.                                                                                                            |     |

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|               |                                                  | Request for immediate Power Bi report to be built to evidence daily discharges checklist completion for monitoring                                                                                                                                                                                                       | Interim Divisional Chief Nurse Medicine<br>[REDACTED]               | 25/05/2025          | Power BI report designed and live. Communication sent to leads regarding responsibilities. Power BI report outputs to be overseen by the Discharge Improvement Group.                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|               |                                                  | Identify and inform staff of their responsibilities to monitor and action the BI reports                                                                                                                                                                                                                                 | [REDACTED]                                                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
|               |                                                  | Audits to be added to AMAT system (Trust Audit and Management Tracking System) to monitor compliance with the completion of all discharge checklists.<br><br>For lead nurses to complete audits with divisional oversight.<br><br>Audits are to continue with outcomes to be fed into trust Discharge Improvement Group. | Corporate Quality lead<br><br>Interim Deputy Divisional Chief Nurse | 01/06/2025          | Interim assurance measures whilst actions progress:<br>Spot check audit completed w/c 28/04/2025 evidenced improved compliance with completion of checklists within ward areas.<br><br>Divisional Chief Nurse auditing the compliance of completion Surgery.<br><br>Discussed in matrons meeting on the 17/4/25 and 24/4/25 in Medicine Division – informed on the spot check audit requirements and the reporting of this. Made aware of plans additions to the AMAT system for long term audit completion.<br><br>Discharge audit added to AMAT commenced 01/05/2025 |     |

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| 4             | When discharging patients, transport company to be made aware when the patient has pendant alarm and that this must be left within reach when leaving the property | Urgent communication to be sent to all transport services to share learning from the Regulation 28 and the requirement to ensure pendant alarm is within reach. | Trust Lead for Capacity                                       | 10/05/2025          | Trust Lead for Capacity has communicated request to trust patient transport system private provider Cartello and driving miss daisy transport. Non-emergency transport (NEPT) meeting held 13/05/2025, support sought regarding communication with EMED, Worcester, escalation lead contact details to be sent to Lead for Capacity. Efficiency group set up across Black Country where governance and incidents will be shared going forward. |     |
|               |                                                                                                                                                                    | Review of current contracts held with system partners and outside providers to ensure actions agreed within Trust can be met through contractual arrangements.  | Trust Lead for Capacity<br><br>Deputy Chief Operating Officer | 15/06/2025          |                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |

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|               |                                                                                                                                                                                                                                                | Communication to be sent out to all matrons and teams detailing that the nurse discharge checklist is to be printed and handed to transport company and sent with the discharged patient on discharge. Communication to detail that the discharge checklist must include key patient safety details, pendant alarm information, mobility status and to utilise the free text box with any other important information for the transferring crew (to include availability of mobile phone). This communication should include the necessary checks to be completed by transferring crews to ensure patients have necessary equipment in reach to make emergency calls/have access to pendant alarms. | Interim Divisional Chief Nurse - Medicine<br><br>Interim Deputy Divisional Chief Nurse - Medicine | 02/05/2025          | Spot check completed within Medicine Division on 29/04/2025; positive assurance gained that checklists are being completed, printed and sent with patients.<br><br>Email sent to all leads and Matrons and DCN/DDCN. |     |
|               | To improve communication between all relevant services including acute, primary care, community services, social care, housing and voluntary to coordinate care and support for patients during and following discharge process to support and | Within 8 weeks a Transfer of Care Hub to be set up. This is a national recommendation which brings together under one roof system partners in Dudley to improve discharge for complex patients, through colocation of intermediate care, local authority and complex discharge team in trust: it is expected that working together will streamline our processes and outcomes for the patients and their families.                                                                                                                                                                                                                                                                                  | Associate Director Discharge                                                                      | 30/06/2025          | 14/5/25 process has commenced aiming for completion in June 2025.                                                                                                                                                    |     |



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|               | prevent unnecessary readmissions                 | Regular feedback and updates to be provided to Discharge Improvement Group via the Care Transfer Hub workstream, which will feed up to Quality Committee for board oversight. | Associate Director of Discharge | 30/06/2025          |                      |     |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                      |                      |  |
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| 5 | <p>Discharge team to review and up-date the discharge planning Standard operating procedure (SOP) (previously Complex Discharge Operational Policy) to specific requirements of safe discharge.</p> <p>To include how to manage different pathway discharges safely and to ensure there is a process in place for when discharges fail on planned day of discharge.</p> <p>Process will detail escalation steps when contact with relevant parties cannot be made.</p> | <p>To review and up-date the discharge planning SOP ensuring widespread consultation when developed.</p> <p>To ensure that the following process is included:<br/> <b>In hours</b> discharge facilitator to call care agency to inform them when patient will be discharged and confirm package of care to commence. This should be documented on sunrise to include care agency name, contact number and member of care agency staff communicated with<br/> <b>Out of hours</b>, ward staff to contact care agency on the number provided by Discharge team, to inform them of the failed discharge. Attempts of contact to be documented on sunrise. Inform site team if unsuccessful in attempts to speak with agency.<br/> At the next opportunity within hours, discharge team to contact care agency to confirm when package of care will start and document on sunrise with name of care agency and staff member communicated with.<br/> To share SOP with teams for comment to ensure the following is addressed</p> <ul style="list-style-type: none"> <li>• Out of hours protocol</li> <li>• Who to contact and when</li> <li>• When no response from care agency what is the next point of communication/escalation</li> </ul> | <p>Discharge team lead</p> | <p>Discharge planning SOP written by 15/5/25</p> <p>SOP out for consultation 31/5/25</p> <p>Ratification 15/6/25</p> | <p>Draft written</p> |  |
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| 6             | To ensure that above procedures are shared with the wider team, understood and embedded into practice. | <p>SOP to be shared at Specialty Governance meetings and for minutes to be shared with the team</p> <p>New SOPs and guidance to be shared trust wide.</p> <p>Matron and Divisional Chief Nurses to undertake in hours and out of hour ward visits to speak with staff and assess their knowledge on the safe discharge SOPs.</p> <p>Education and guidance to be made available on each ward on how to search and access this information</p> | Matrons and Lead nurses                                                    | 01/07/2025          | Request made to produce a crib sheet for all staff in regard to accessing SOPs through Microsoft Share point. This has been actioned to matrons leads and directorate managers on the 14/5/25.                                                                                                                                                                           |     |
| 7             | Improve discharge team documentation in clinical record to evidence safe discharge                     | Urgent meetings to be held with all discharge team staff to highlight the importance of accurate and clear documentation on all patient / care contacts. Sharing good examples and expectations in terms of communication with providers of care and next of kin/families                                                                                                                                                                     | <p>Discharge Team Lead</p> <p>Divisional Director of Operations (CCCS)</p> | 01/06/2025          | Conversations held with Discharge Team to highlight documentation to include care agency details, company name and phone number. Discharge facilitator to document for every planned discharge; Care agency company name, name of staff member spoken to at the care agency, written confirmation of start date and time of package of care. Team meeting held 26/5/2025 |     |
|               |                                                                                                        | Routine spot check audits to be scheduled and undertaken by Directorate Manager to ensure documentation requirement is evidenced in the clinical record and provide assurance action acknowledged                                                                                                                                                                                                                                             | <p>Discharge Team Lead</p> <p>Divisional Director of Operations (CCCS)</p> | 01/06/2025          | Audit is on AMAT, has been completed for April and results shared with the team. Handed back to Service Leads and will be undertaken monthly moving forward                                                                                                                                                                                                              |     |

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| 8             | Teach and model to staff what a good discharge looks like. | <p>Reset week to be held w/c 12/5/25 across Medicine Division to reinforce processes, and incidents.</p> <p>This will involve testing of the improvements set out in the improvement plan, and ensure ongoing oversight and monitoring through AMAT (Trust audit system) of the discharge checklist process and feed back up to the quality working group</p> | <p>Lead Nurses and Matrons across Medicine Division</p> <p>Jenny Bree,<br/>Corporate Lead for Improvement</p> | 15/06/2025          | <p>Reset week took place 12/05/2025</p> <p>AMAT audit commenced of discharge checklist 1/5/25</p> |     |

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|               |                                                  | Discharge improvement group to be re-invigorated with renewed focus and clarity with clear outcomes for each of the strategic workstreams identified. (Group to have oversight of themes identified through the PSIIRF process) | Deputy COO,<br><br>Director of Operations | 15/5/25             | <p>14/5/25 The Discharge Improvement Group has been re-established with a renewed and enhanced focus—not only on increasing the timeliness of patient discharges from the organisation, but also on ensuring that each discharge is carried out with the highest standards of safety and quality.</p> <p>As part of this work, dedicated workstreams have been initiated to support the proactive and coordinated planning of discharges across both simple and complex care pathways. In parallel, a thematic review of historical discharge-related incidents is underway to identify key learning points and inform future priorities.</p> <p>The Group comprises multidisciplinary representation, including colleagues from within the acute trust, our health and social care partners, the local authority, and a representative from our patient community. This collaborative approach is intended to provide assurance that discharge processes are being strengthened system-wide, with patient safety and continuity of care as central principles.</p> |     |

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| 9             | All staff who have safeguarding training and human factors training as part of their mandatory training requirements should meet Trust compliance targets for such training. | <p>Ward staff training to be completed</p> <p>Lead PDN for the division to have oversight and ensure sessions are booked in a timely manner.</p> <p>Protected time to be allocated to staff for training to be completed.</p> | <p>All staff who have this requirement as part of their mandatory training</p> <p>Lead PDN for medicine</p> | 01/06/2025          | <p>Safeguarding Adults level 2 training 88.1% April 2025</p> <p>Safeguarding training 90.59% - meets trust compliance target – May 2025</p> |     |
|               |                                                                                                                                                                              |                                                                                                                                                                                                                               |                                                                                                             |                     | <p>Human factors training compliance 84%</p> <p>Work ongoing</p>                                                                            |     |
| 10            | To consider if the introduction of human factors training for Discharge team staff may benefit in decision making                                                            | To discuss with Education lead current content of human factors training and its benefits for non-clinical but patient facing staff members                                                                                   | <div></div><br>Education lead                                                                               | 01/07/2025          | Bespoke training package to be designed for non-clinical staff to support with Human factors training                                       |     |