



Northumbria Healthcare
NHS Foundation Trust

Patient Services and Quality Improvement

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Our ref: [REDACTED]

15 August 2025

IN CONFIDENCE

Mr A Hetherington
HM Senior Coroner for Northumberland
HM Coroners' Office
County Hall
Morpeth
Northumberland
NE61 2EF

By email only: coroners@northumberland.gov.uk

Dear Mr Hetherington

REPORT TO PREVENT FUTURE DEATHS – INQUEST TOUCHING THE DEATH OF

[REDACTED]

I am writing to you in response to the Report to Prevent Future Deaths (PFD) served on Northumbria Healthcare NHS Foundation Trust ("the Trust") on 23 June 2025, following the inquest into the death of [REDACTED].

Your report was also sent to the 49 Marine Avenue GP Practice, Moorbridge School, Department of Health and the Northeast and North Cumbria Integrated Care Board (ICB). I am writing to provide you with the Trust response to your concerns. For ease of reference, I have addressed each concern using the same numbering as referred to in the PFD Report.

Concern 1: The Deceased's weight and height was not adequately monitored from November 2023.

1. During the course of the inquest, in written and/or oral evidence, the Trust confirmed that the following actions had been completed to address this learning point:
2. Internal management re-structure within Dietetics Service to introduce, and empower, a Community Team Lead to oversee and manage all the outpatient work from triage and clinic capacity to reporting, monitoring and planning. This facilitates the provision of alternative outpatient offers, including home visits where concern is raised regarding

outpatient in-person attendance for any high risk, vulnerable patients. It allows improved oversight of staffing in terms of mobilisation of resource, training and support regarding escalation pathways and case reviews. This change in structure was implemented in February 2025.

3. Introduction of SystmOne as a clinical electronic records system for Nutrition and Dietetics outpatient consultations (Go Live of the Nutrition and Dietetics SystmOne unit was August 2024) provides:
 - 3.1 Improved transparency and visibility of consultations with community partners including the GP.
 - 3.2 Improved, instant, communication with the GP via the system (less reliant on written letters to pass information).
 - 3.3 Improved visibility and tracking of patient weights, heights and clinical investigations.
 - 3.4 Improved, auditable, triage process via the SystmOne clinical system, including robust assessment, by senior Dietetic staff, of the information provided and appropriate direction/clinic allocation.
4. Introduction of robust, documented clinical supervision was launched formally at the Nutrition and Dietetics Department meeting on 1 April 2025, within the Dietetics staffing structure and also with the Nutrition Team MDT from July 2025.
 - 4.1 Dietitians are now supported to critically review patients with very low Body Mass Index's (BMIs) to consider escalation to the Nutrition Team MDT and MEED Oversight Group.
 - 4.2 Ongoing support is offered to staff in a variety of settings including routine monthly 1:1s, timetabled clinical supervision sessions, monthly team meetings and thrice weekly virtual huddles and this was in place prior to the death of [REDACTED]
5. Development of a Nutrition Multi-disciplinary Team (MDT) meeting which includes medical oversight from Gastroenterologists for complex and vulnerable Dietetic outpatients and mental health oversight from colleagues from the mental health Trust. The first meeting took place on 15 July 2025, scheduled to meet fortnightly and is on track with scheduling. The initial meetings were held with Dietetics and the Trust Gastroenterology consultants to review the current caseloads. Concerns may also be raised to this group outwith the scheduled meetings. This MDT will include mental health colleagues from going forward. The terms of reference are currently being established and will be in place for joint meetings to be scheduled from September 2025.
6. Implementation of the Medical Emergencies in Eating Disorders (MEED) Oversight Group; this group has been meeting every 6 weeks since August 2024. This Group includes colleagues from the mental health Trust to monitor and review policies, processes and high-risk patient pathways and includes Executive Director oversight from both Trusts. The function of the Oversight Group is to agree and formalise operational policies and processes rather than for clinical discussions. However, it has provided opportunity for discussing specific, existing, cases whilst the joint clinical MDT is established.
7. The below actions, which had been identified before the Inquest, but were not yet complete, have since been progressed and put in place:
8. A Standard Operating Procedure has been developed and introduced from July 2025 for triage and management of suspected Eating Disorders/ Disordered Eating referrals at triage and assessment.

9. From August 2025, face to face appointments are now routinely offered by the Dietetics service as first contact for any patient referred for nutritional support and weight loss (irrespective of the cause). If telephone contact is required for timeliness, then an in-person review appointment will then be offered after the initial telephone assessment.
10. Nutrition and Dietetics staff working with patients from 16 years and above, have been advised by the Professional lead for Dietetics, at the monthly Adult team meeting on 25 June 2025, to consider the national MEED guidelines and ARFID (Avoidant/Restrictive Food Intake Disorder) checklist to support the assessment of patients in the out-patient setting for current and future caseloads:
 - 10.1 MEED assessment tool link has now been embedded in the outpatient consultation record.
 - 10.2 Improved clinical awareness for any patient with a low BMI to be assessed for risk factors, irrespective of potential reason.
 - 10.3 Training is to be delivered to the Nutrition and Dietetics team CNTW dietetic colleagues, to support identification and management of eating disorders/disordered eating. There are a series of bookable webinars arranged for staff: 18 September 2025; 15 January 2026; 23 April 2026 and 16 July 2026. In addition, a colleague from the mental health Trust will be attending the Nutrition and Dietetics department meeting on 15 October 2025 to give an update and training to all staff in the department. A register will be taken, and the training resources will be supplied to any front-line staff member not in attendance. The Adult Dietetics team meeting on 26 August 2025, has been specifically allocated for mental health training. Feedback from a Trust-wide session on managing mental health in non-mental health settings and feedback on British Dietetic Association (BDA) eating disorders training will be shared at this meeting.
11. Internal communications and safety messages have been cascaded to Trust staff regarding the importance of obtaining accurate height and weight measurements in July 2025, including frequency of assessment and clarity on how the measurements were obtained, documented within the approved Trust-wide Nutrition and Hydration Policy.
12. The Trust are continuing to review all clinical systems and digital platforms to streamline, where possible, the reporting of weight and height and the interoperability of systems to provide assurance that measures are captured and reported centrally by all services.
13. Since the conclusion of the inquest, the Trust have further looked at systems and processes in place and identified the additional actions, below, which remain ongoing:
14. Introduction of a Standard Operating Procedure (SOP) for management of patients referred to the Nutrition and Dietetics department that do not attend (DNAs) or are not brought to appointments. The SOP will be in line with Trust's framework for non-attendance and the Outpatient Steering Group recommendations. Referrals for patients with a very low weight and BMI who do not attend appointments require further discussion to agree acceptable tolerances Trust-wide. This action will be raised via the Outpatient Steering Group for consideration at the September 2025 meeting.
15. Improve process and management of transition of patients (16-18 years) within the Nutrition and Dietetics service:
 - 15.1 Ensure patients are not 'lost' between paediatric and adult services.
 - 15.2 Age-appropriate assessments are used.
 - 15.3 Consider 'transition clinic' for adolescents and young adults.

This is ongoing work within the Dietetics leadership team to be finalised by the end of 2025 and will be led by the Adult and Paediatric Dietetic team leads.

16. Mental Capacity Act (MCA) Training for all Nutrition and Dietetic staff was delivered during February and March 2025 by the Trust MCA Lead from the Safeguarding department. The intention of the training was to equip staff with the skills and knowledge to assess whether a patient had capacity to make decisions about their care and provided support to escalate concerns regarding any patients who may not have capacity. The confidence to make assessments regarding mental capacity should support staff to navigate the appropriate escalation pathway for vulnerable, high-risk patients.
17. Introduction of regular, safeguarding supervision for the team from April 2025 to support safeguarding decision-making has been implemented; the second session will be in September 2025 and then twice yearly on a rolling basis.

Concern 2: There was no referral to Gastroenterology.

18. The Falls & Syncope outpatient clinic contact letter, dated 20 November 2023, requested that the GP monitored [REDACTED] for weight loss and referred into the Trust Gastroenterology specialty for further assessment. His Majesty's Coroner was concerned that this referral was not made by the GP, or directly by the referring Consultant in the Falls & Syncope team.
19. During the inquest, the Trust gave oral evidence regarding the implementation and cascading of the new consultant to consultant referral guidance. The Trust has adopted the Northeast North Cumbria (NENC) Consultant team to Consultant team referral policy via the Northumberland and North Tyneside GP/Provider interface group organised via NENC ICB. This will be adopted as a local policy and communicated to all clinicians within Northumbria by the Trust Policy group on behalf of the Executive Medical Director by the end of October 2025, following consultation/ratification at the Trust's CPG (Clinical Policy Group). Primary Care colleagues also have access to the Trust's Advice and Guidance service across the acute secondary care specialties to request advice and guidance on clinical cases, in this case including Gastroenterology.
20. The Trust allows inter-specialty referrals and also referrals 'to' and 'from' other provider NHS Trust's where there is an appropriate repatriation and transfer of care required.
21. The Trust's newly established Nutrition MDT would also consider and offer where more bespoke and specialist clinical nutrition advice and support is required for other specialties.

Concern 3: The Deceased was discharged from CAMHS in December 2023 without being seen in person, spoken to or weighed.

22. After referral to CAMHS on 20 November 2023, an appointment was arranged for [REDACTED] on 13 December 2023. This appointment was cancelled by the family, but CAMHS made further contact via telephone with the family to establish if they had any concerns. CAMHS were told [REDACTED] did not want to attend, so no further appointments were made.
23. During the Trust's investigation and the inquest process, the CAMHS team did review their involvement with [REDACTED] and made the following changes to their systems and processes. The evidence given in writing and at the inquest on these matters can be summarised as follows:

24. In January 2025, the **'Was Not Brought/Did Not Engage'** CAMHS guidance was updated to include frequent cancellation guidance. This encompasses non-engagement of young people and children. In this situation, cases will be discussed within the CAMHS MDT and if deemed appropriate, escalated for consideration of a safeguarding referral or Early Help assessment (Early Help is explained in more detail below, in paragraph 31). The addition, the CAMHS guidance outlines that if concerns regarding weight loss and/or restricted dietary intake are identified in the referral and child or young person was not brought or fails to engage in appointments, safeguarding advice and referral must be considered.
25. Prior to a decision being made relating to discharge if a child or young person will not attend for a CAMHS assessment, a discussion within the CAMHS MDT will take place and every effort made to discuss with the referring clinician. Clarification will be undertaken at the MDT case discussion with regard to dates when height and weight measurements were taken, and by who, to support the decision-making process. These discussions focus on the potential risks and wider factors impacting on the health and wellbeing of the young person, including consideration as to whether a physical assessment has been completed or is needed.
26. Following the inquest, the CAMHS team have taken the below, additional actions to further address the Coroner's concern:
 - 26.1 An initial awareness raising training session has been delivered to 41 CAMHS Staff, on 15 July 2025, with a focus on assessment and risks of low weight and associated health needs. Further training is scheduled on 18 September 2025.
 - 26.2 Efforts are made to capture the voice of the child/ young person via phone contact and offer of appointment. This is undertaken for each assessment and forms part of the information gathering when a parent or carer is the primary contact. The non-engagement guideline would be applicable in this instance. The non-engagement guidance outlines If a young person, parent or carer cancels an appointment and it is re-booked, care coordinators/Key workers will assess any patterns and the potential risks. They will re-assess the plan of care as needed and inform relevant others depending on the level of concern.
 - 26.3 'Was Not Brought' and cancellation rates will be reviewed through caseload management (CLM) meetings with clinicians. The purpose is to review caseload numbers, was not brought and cancellation rates. Checks are also made that risk assessments and care plans have been completed. Frequency of caseload management depends on the role of staff e.g. Consultant Psychiatrists have CLM every 3 months. Other members of staff may have CLM every 2 months. This provides assurance that governance processes are being followed.

Concern 4: There was no in-person assessment by Dietetics, or escalation of care.

27. The Dietetics service aims to return to a pre-COVID out-patient position whereby face-to-face appointments are offered as standard for all appointments. However, this is likely to require additional resource and a commissioning review. In the meantime, face to face appointments will be prioritised to all younger persons with red flags for low BMI.
28. The ability to track and report outpatient activity has been implemented via the SystmOne reporting mechanism to support future discussion. Home visits were previously only offered for frail, elderly, housebound patients as a result of commissioning arrangements and issues with demand for the service significantly outweighing capacity. Whilst the commissioning and resource challenges remain, new management oversight of all Dietetic clinics has enabled greater mobilisation of the staffing resource from all areas within the Adult Dietetic service, optimising outpatient capacity and increasing flexibility of the offer.

29. The standard referral criteria to the Dietetics service for nutrition support is patients with a BMI of less than 18.5 and/or 5-10% weight loss within 3-6 months. Higher risk patients (i.e. those referred with a BMI of less than 17.5, in line with MEED definitions for immediate risk to life) can now be offered a home visit, if it is felt that the patient won't or can't attend an in-person appointment at one of the Trust sites.
30. All higher risk patients will be offered a face-to-face appointment going forward and if a telephone contact is required to facilitate a timely intervention it will be followed by an in-person appointment to ensure accurate weight and height is recorded. Face-to-face appointments for all patients who are not triaged as 'higher risk' are offered where possible and would be based on individual clinical need and may require further commissioning discussions.
31. The service is working on a SOP which will provide further assurance that patients are appropriately managed by the Dietetics Admin team. This SOP will include pathways to manage patient DNA's, cancellations and patient/carer requests to change to a telephone call instead of an in-person contact, or to be discharged without further review. The Admin team will be able to task the clinicians via SystmOne with requests by patients to change appointments and clinicians will need to review the patient record to confirm and agree in writing that the changes are acceptable. This SOP will be cascaded and implemented following the Department meeting in October 2025.
32. The Trust acknowledges (e.g. because of patient choice) that it is not always possible to guarantee all first appointments are face-to-face, but that, all first attendance appointments should be face-to-face where clinically appropriate, and this standard has been set at the Outpatient Steering Group.

Concern 5: The passage of information/communication.

33. In North Tyneside there is a Multi-Agency Safeguarding Hub (MASH) which was launched in 2017 (the Local Authority is the Lead Agency) and is the single point of contact to access services for children and young people and also the contact point where information can be shared where there are identified concerns or worries from partner agencies. The Trust's Safeguarding Department are fully integrated into the MASH as well as other key agencies such as Children's Services, Police, mental health services, Education, Primary Care and 0-19 school health.
34. The Community Paediatrician from the Trust was contacted by the Early Help Service in December 2022 about their views on ending the involvement of Early Help with [REDACTED] and her family. The Trust Paediatrician opined that it was important for this to continue as it was beneficial for the whole family, as did [REDACTED] school, as it meant that there was coordination between all of the agencies involved and school still had concerns at that time in relation to [REDACTED]. The Early Help Service in North Tyneside Local Authority felt that the only issue outstanding was around Education and subsequently closed the Early Help/Family Partner involvement in April 2023.
35. If any Trust staff member or clinician has any safeguarding concerns or are worried about children or young people in their care, the first point of contact would be by seeking advice and support from the Trust's Safeguarding service or raising a safeguarding referral to the Local Authority, which would go via the MASH. Alternatively, they can also raise their concerns directly with the Local Authority and during out of hours.
36. The Trust would then fully engage within any subsequent MASH records checks and any meetings which are coordinated via the Local Authority MASH as part of the inquiry

process. This then allows all agencies to look at all information together, which may inform a wider picture of any concerns and risks and to form a plan. This forms a Signs of Safety Model to ensure child safety and wellbeing and involves a structured approach to assessment and planning to create safety for a child. The model does rely on each agency reporting concerns into the MASH.

37. Since the Coroner's Inquest and receipt of the Regulation 28 report, the Trust have had further discussions with the ICB, and this case is being taken forward for further scrutiny and learning via the North Tyneside Safeguarding Partnership.
38. We are fully committed in working with our GP colleagues to ensure that any information that is shared between primary and secondary healthcare pathways and communication is implemented as part of the learning and actions from this case. This will be discussed, for action, at the NENC GP Provider interface group by October 2025.

As a Trust, the safety and wellbeing of those we provide service to is paramount, and despite the unfortunate circumstances in which your concerns have arisen, we welcome the opportunity His Majesty's Coroner has provided for us to further address the above issues. We also look forward to the responses from the Department of Health and the ICB.

Yours faithfully



Executive Medical Director and Consultant in Anaesthetics

Signed on behalf of and in the absence of Dr Birju Bartoli, Chief Executive