Northumbria Healthcare
NHS Foundation Trust

Patient Safety and Governance Department

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22 September 2025

IN CONFIDENCE

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

[redacted]

Dear Mr Hetherington

Re: Report to Prevent Future Deaths – Inquest touching the death of Joan Whitworth

I am writing to you in response to the Regulation 28 Report to Prevent Future Deaths (PFD) served on Northumbria Healthcare NHS Foundation Trust ("the Trust") on 28 July 2025, following the inquest into the death of Joan Whitworth.

Your report was also sent to the Hillcare Group (operators of the Oaks Care Home). I am writing to provide you with the Trust response to your concerns. For ease of reference, I have split your concern down into the below, constituent parts; the referral and the assessment itself.

Concern 1: There was no reliance upon the information provided in the referral to SALT [Speech and Language Therapy] which identified a concern for Mrs Whitworth's swallow, coughing, weight loss, choking. The SALT assessment was based on the verbal account of a member of care home staff.

The referral was made to Speech and Language Therapy by a duty worker from Adult Social Care. Ms Whitworth was described in the referral as having advanced dementia. The referral was

prioritised by the Trust SALT team as 'low priority' (according to Northumbria Healthcare Foundation Trust (NHCT) SALT departmental prioritisation criteria) due to the description provided of Ms Whitworth's eating and drinking difficulties and associated risk level. The referral stated that she did not want to swallow lumpy food and that she spat out food and drinks. These are common, often behavioural, issues associated with advanced dementia and not an indication of an Oro-pharyngeal dysphagia. The referral also states that there had been no episodes of choking. In addition, there had been no direct correspondence from care home staff to raise concerns, seek advice or request an urgent appointment.

As it was stated on the referral that Ms Whitworth was frail, had experienced a recent chest infection(s) and that there was increased / frequent coughing, further information was sought from a long-standing and experienced Registered Nurse involved in Ms Whitworth's day to day care at The Oaks Care Home. The Registered Nurse indicated that Ms Whitworth had no swallowing difficulties, coughing or choking episodes and that staff had placed Ms Whitworth on a softer diet due to being unwell. This information, combined with the referral information indicating a protracted oral stage of eating and not a dysphagia, resulted in further face to face assessment not being indicated.

Although the SALT was informed that staff had no concerns regarding Ms Whitworth's ability to swallow, the Trust accept that there was a discrepancy in the information on the referral and the account of care home staff.

Following the death of Ms Whitworth and extensive discussion within the wider SALT team, it is acknowledged that changes could be made to the electronic referral form, to encourage more detailed information from the referrer. These changes, which were referred to during the inquest, are due to come into effect in October 2025.

The planned changes to the electronic referral form can now be detailed as follows:

1. The question '*Is there increased / frequent coughing*?' will be replaced with '*Is there increased / frequent coughing on food and/or fluids*? and '*who observed this*?' will be added.

   In Ms Whitworth's referral, the answer to this question was 'yes' on the referral form, however, further discussion with Care Home staff, identified the coughing was likely due to a viral infection and/or Ms Whitworth's recent illness.

2. Following the three questions in the online referral form that would indicate a dysphagia (below), a mandatory text box will be inserted to allow and ensure the referrer adds further detail.

   - Increased / Frequent coughing on food and/or fluids?
   - Frequent chest infections?
   - Has there been any choking episodes?

3. Information on Next of Kin and / or Lasting Power of Attorney (LPA) will be requested on the referral form as mandatory, to ensure that SALT will be aware and agree with Care Home staff who will take responsibility for ensuring the Next of Kin/LPA are updated following SALT proxy or face to face assessment (where this is indicated and appropriate).

Concern 2: There was no observation of the Deceased eating and there was no inspection of her care records.

The current expectation and guidance on dysphagia assessments within the Trust and/or nationally is set out in the Royal College of Speech and Language Therapists guidance, and all SALT staff have undergone robust dysphagia training, which is a post-graduation qualification.

dysphagia-in-care-homes.pdf provides key strategic information, evidence and guidance to support discussions with service providers aimed at supporting identification of needs. Eating, drinking and swallowing guidance | RCSLT provides guidance for SALT in the assessment and management of people with eating, drinking and/or swallowing difficulties.

Within Northumbria Healthcare NHS Foundation Trust SALT Department Traffic Light Guidance for Managing Dysphagia in a care home setting (shared with all Care Homes) identifies SALT referral criteria and is based on the above national guidance.

In Ms Whitworth's case referral information, it was indicated that she had increased coughing and recent chest infection(s), which met the threshold for referral to SALT. Further discussion with Care Home staff identified that the increased coughing was likely due to a viral infection and / or Ms Whitworth's recent illness. This updated information meant the referral did not meet threshold for face-to-face assessment (as per Traffic Light Guidance).

Following Ms Whitworth's death and discussion of the learning from this case, in relation to discrepancies in referral information versus verbal reports, a Standard Operating Procedure (SOP) is in development by the SALT department, which is due for sign off and completion by October 2025. This SOP will guide staff to seek clarification of any discrepancies, through requesting key documents from Care Home staff. In these instances, SALT staff will ask the Care Home staff to provide the following:

- The Care Home Eating and Drinking Care Plan within the last 3 months; and / or
- Choking Incident Risk Assessment within the last 3 months; and / or
- The Dietary Intake diary for the last 2 weeks, including notes on swallowing ability.

In relation to face to face assessment, the SOP will also specify 3 clinical triggers, any one of which would indicate a face-to-face assessment is required.

- Increased / Frequent coughing on food and/or fluids;
- Frequent chest infections; or
- Has there been any choking episodes.

These 3 clinical triggers are also the questions that will be changed in the SALT referral form to ensure more information is provided from the outset.

The SOP also includes prompts to establish with Care Home staff who will liaise with the family (where applicable) about the outcome of assessment and ensure the member of Care Home staff understands the International Dysphagia Diet Standardisation Initiative (IDDSI) level being recommended.

In Ms Whitworth's case, had any concerns been raised regarding her swallow, or incidences of coughing or choking on food/fluids, the SALT would have progressed to a face-to-face assessment at that time. It should be noted that most patients referred to the SALT service, are seen for a mealtime observation, unless no dysphagia is outlined to the SALT involved with their care.

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.

Yours sincerely

Chief Executive