NHS
Humber Health
Partnership
Hull Royal Infirmary
Anlaby Road
Hull
HU3 2JZ

[redacted]

23 December 2025

[redacted]

Ms Lorraine Marks
East Riding and Hull Coroner Service
The Guildhall,
Alfred Gelder Street,
[redacted]

Dear Ms Harris

Re: Regulation 28 Report – Death of Mrs Kathleen Rose Ward

Thank you for your Regulation 28 Report dated 3 November 2025. On behalf of Hull University Teaching Hospitals NHS Trust, I offer our sincere condolences to Mrs Ward's family for their loss. We welcome the opportunity to respond to the important concerns you have raised regarding access to specialist beds at the Queen's Centre and the impact this had on patient flow and Emergency Department (ED) pressures.

The Trust takes the matters identified extremely seriously. We fully recognise the distress experienced by Mrs Ward's family and acknowledge that the Emergency Department is not the appropriate environment for patients requiring specialist palliative or end-of-life care.

1. Commissioning and Bed Capacity at the Queen's Centre

The Queen's Centre provides commissioned specialist oncology and haematology beds, primarily for:

- patients receiving active cancer treatment,
- patients requiring admission for complications or toxicities of treatment,
- acute haematology patients requiring specialist support.

The Centre does not have a separately commissioned palliative care bed base. However, due to the nature of our patient population, many patients approaching end of life are cared for within these existing specialist beds.

The Trust cannot unilaterally increase the permanent bed base for this service. Capacity is set through specialised commissioning arrangements with NHS England and the Integrated Care Board (ICB), including workforce, funding, and estate constraints. We continue to work closely with commissioners to review demand modelling and future requirements for cancer and supportive care capacity.

As reflected in the evidence heard at inquest, no bed was available at the Queen's Centre at the time of Mrs Ward's presentation, resulting in her assessment in the the ED.

This reflects capacity constraints within a fixed specialist service rather than a failure to recognise the appropriateness of ward-based end-of-life care.

2. Emergency Department Environment

The Trust recognises and accepts the Coroner's concern that the Emergency Department is not designed to deliver specialist palliative or end-of-life care. ED staff are trained and resourced to manage acute, life-threatening conditions, and the environment presents inherent challenges in relation to:

- privacy and dignity,
- access to specialist palliative medications,
- timely symptom control, and
- coordination across multiple clinical teams.

3. Patient Flow, Discharge Capacity and ED Pressures

We acknowledge the Coroner's concern that patients who require ward-based or palliative care are sometimes held in the ED when no beds are available. This is deeply regrettable and not the standard of care we wish to provide.

The challenges described are linked to system-wide flow issues, which are recognised nationally. The Government's Hospital Discharge and Community Support Guidance (2024) states that:

- hospital discharge and community support are joint responsibilities of NHS bodies and local authorities,
- acute bed flow depends on timely access to social care packages, community support and intermediate care,
- systems must work within "the budgets available to NHS commissioners and local authorities".

As with many hospitals nationally, delayed discharges caused by waits for community care or social care provision reduce the number of available acute and specialist beds, including oncology and palliative beds. This can result in patients being admitted via the ED when they ideally should go directly to a specialty ward.

The Trust is undertaking ongoing initiatives to bed model, review processes to maximise discharges, and work with community partners to support patients who require social care. These actions are consistent with national guidance and aim to improve flow through the acute bed base, including specialist oncology beds.

4. Actions Taken Following Mrs Ward's Death

Internal review, complaints investigation and clinical reflection have resulted in the following actions:

- Review of decision-making and communication processes within Ward 32 (Queen's Centre) to identify learning relating to recognition of deterioration and end-of-life planning.
- Emergency Department learning focused on communication, compassion, escalation and coordination of care for patients approaching end of life.
- The development of comfort observations which focus on monitoring symptoms that affects a patient's comfort using specific scales to ensure timely interventions and support for people in their final days of life.
- Sharing of learning at governance forums within Emergency Medicine, Oncology and Acute Medicine to inform service improvement.
- Quality Improvement project commenced to develop an early identification tool, combining the frailty score, 'and Gold Standard Framework for early care planning.

The complaint response also acknowledges that delays in pain management and coordination of care in the Emergency Department were unacceptable, and that learning from this case is being used to improve future practice.

5. Actions to Reduce the Risk of Recurrence

Drawing on the learning from this case and in line with national guidance, the Trust has taken and is continuing to take the following actions:

- Strengthening escalation processes to ensure earlier senior clinical review when patients approaching end of life present to hospital.
- Reinforcing expectations around compassionate communication and dignity in end-of-life care.
- Continuing work on bed modelling and discharge processes to improve flow through specialist and acute beds.
- Ensuring that feedback from this case informs ongoing staff education and governance discussions, particularly within the Emergency Department and Acute Medicine.
- Further roll out of Comfort Observations across the organisation to include the Emergency Department.
- To pilot the Identification Tool in Ward 32 and further roll out of the tool across the organisation.

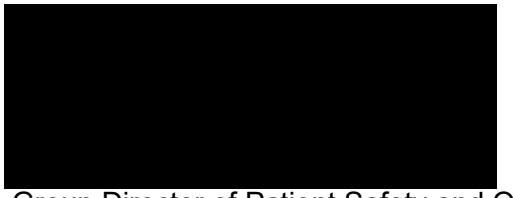
Conclusion

We fully accept the Coroner's concern that the circumstances experienced by Mrs Ward and her family were unacceptable, and we are committed to ensuring that patients approaching the end of life receive care that is dignified, compassionate, and in an appropriate environment.

While specialist bed capacity is determined through commissioning arrangements and whole-system discharge capacity, the Trust recognises its responsibility to act wherever it can within its remit. We believe the actions outlined above will significantly reduce the risk of recurrence, and we will continue to work with system partners to address the wider structural challenges that contribute to bed availability and flow pressures.

Please do not hesitate to contact me should you require any further information.

Yours sincerely



Group Director of Patient Safety and Quality Governance