

Executive Corridor
Darlington Memorial Hospital
Hollyhurst Road
Darlington,
DL3 6HX

[REDACTED]

10 April 2026

Rebecca Sutton,
Assistant HM Coroner,
4th Floor Civic Centre,
Crook,
County Durham,
DL15 9ES

Dear Ms Sutton,

Re: Susan Samson

I am writing in response to Regulation 28 Report to Prevent Future Deaths, which you issued to County Durham & Darlington NHS Foundation Trust on 23 February 2026.

We are writing in response to your request for the Trust to take action in relation to concerns as detailed below:

The Occupational Therapist involved in the deceased's discharge on 1 May 2025 gave evidence that for someone to be assessed as safe to use the stairs on their own, it was not sufficient for them to have managed to complete a set of stairs without assistance on one occasion; it was necessary for the person to demonstrate that they could consistently complete the stairs without assistance. The Occupational Therapist stated that the two successful attempts in the Care Home seemed to be enough to achieve consistency and indicated that if similar circumstances arose today the patient would still be discharged home at the end of the six-week rehabilitation period.

I found as a fact that prior to the deceased's discharge on 1 May 2025 the deceased had not demonstrated that she was able to consistently complete a flight of stairs without assistance.

I am concerned by the evidence that if similar circumstances arose today the patient would still be discharged. I am concerned that there may be occasions in the future that patients will be discharged before they are able to consistently complete a flight of stairs and that, as a result, a death may occur.

The Trust would like to offer its sincere condolences to Ms Samson's family for their loss. We take very seriously the concerns which you have raised and have provided a response below.

OT stated it was not sufficient to complete set of stairs independently on one occasion, necessary to demonstrate consistency. OT stated that the 2 successful attempts in the care home seemed enough to demonstrate consistency.

It is not always necessary to repeat a stair assessment. The decision should be guided by the clinician's professional judgement and the patient's individual risk profile. If a patient has previously completed a stair assessment safely and no additional risk factors are present, repetition is unlikely to be required. However, for individuals with identified risks such as a history of falls, reduced strength or balance, or frailty, repeating the assessment can provide valuable reassurance by demonstrating consistency and safety over time.

Ms Samson was assessed in the care home setting on ten occasions and on one occasion in her own home and was assessed as being able to manage the stairs safely. The documentation from the discharge visit states that Ms Samson managed the steps into the house with supervision and managed a sit to stand from the armchair and got up and down the stairs independently using the banister and her stick. It is documented that she was hesitant on the curve at the top of the stairs on way up but had no hesitation on the way down.

However, the Trust acknowledges that the clarity around the description of the supervisory role of the therapy staff was unclear and subjective in some of the documentation.

The Coroner found as a fact that prior to the deceased's discharge on 1 May 2025 the deceased had not demonstrated that she was able to consistently complete a flight of stairs without assistance.

The documentation relating to the stair attempts undertaken prior to discharge from the intermediate care setting does not clearly confirm that the patient completed the stairs without assistance and lacks sufficient objective assessment and clinical analysis. The Trust requires the use of the recognised SOAP note structure (Subjective, Objective, Assessment and Plan) when recording assessments, which was completed, however the use of the term supervision should have been more clearly defined.

It is noted that a commode for downstairs use was offered but declined by the Ms Samson. The provision of such equipment could have reduced the risk of falls by limiting the number of required stair transfers each day and minimising the likelihood of the individual rushing to access toilet facilities. However, neither the recommendation for the commode nor the discussion regarding the risks for not having one were documented.

In response, the Trust will ensure that SOAP note training is delivered and completed within the next six weeks for all Community Physiotherapy, Occupational Therapy, and Assistant staff, and within four months for all other Physiotherapy and Occupational Therapy staff. In addition, the existing record-keeping audit, which provides assurance regarding compliance with required standards for SOAP documentation will continue to be used to monitor adherence and identify any areas requiring further improvement.

Concern there may be occasions in the future that patients will be discharged before they are able to consistently complete a flight of stairs.

Ms Samson was identified as being at an increased risk of falls, with several contributing factors including frailty and a documented history of previous falls. However, there is insufficient documentation regarding her understanding of these risks and her expressed preferences around discharge. Although elements of falls risk and mitigation are recorded, this information is not consolidated within a single, clearly identifiable document in the current patient record.

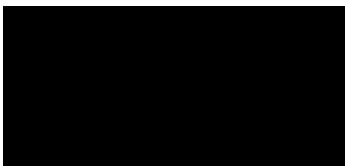
The incorporation of a validated home-hazard assessment tool, such as the HomeFAST (Home Falls Accident Screening Tool), would strengthen the assessment process. This tool specifically evaluates environmental risks, including stairways and steps and prompts the clinician to develop a structured action plan, thereby supporting more comprehensive documentation and risk management.

In response to this incident, the Trust will undertake a review of the current documentation and the electronic record template to identify any required amendment and include a validated home hazard assessment tool.

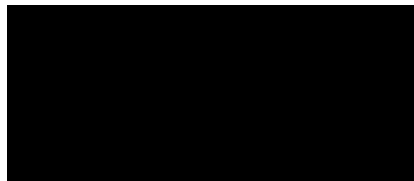
Conclusion

We trust that the responses detailed in this letter are sufficient to address the concerns you have highlighted. However, please feel free to contact us if you need any additional information or have further queries.

Yours sincerely



Interim Chief Nurse



Interim Executive Medical Director

cc.  CEO

Associate Director of Nursing, Patient Safety, Experience and CNIO