

## Background

Patricia was a bedbound, bariatric woman with complex health needs, including immobility, incontinence, and chronic pain. She lived with her husband in extra care sheltered accommodation and was fully dependent on others for her care. Her daughter and husband were her primary unpaid carers, with her daughter also managing her finances and care coordination. Patricia had NHS Continuing Healthcare (CHC) funding and received professional care multiple times daily.

7

## Further Information

- East of England Ambulance Service Computer Aided Dispatch markers – for recording known risks on patients records (e.g. bariatric/ home access etc) [Computer Aided Dispatch \(CAD\) Markers Policy | EEA](#)
- Support for Carers [Looking after someone - support for carers | Cambridgeshire County Council](#)
- Cambridgeshire Fire and Rescue home fire safety checks [Home fire safety](#)
- Professional curiosity (to be updated Dec 2025) [Briefing – Professional Curiosity / Opportunities to be curious | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)
- Safeguarding Adult Reviews [Safeguarding Adults Reviews | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)

6

## Key Messages- Practitioners need to...

- ✓ Always verify and document any mobility and access needs within discharge planning.
- ✓ Recognise and support unpaid carers—offer assessments and signposting for support.
- ✓ Use professional curiosity to explore the family's concerns and avoid making assumptions about the patient and their family.
- ✓ Refer high-risk individuals for Fire and Rescue safe and well checks.
- ✓ Ambulance and hospital staff to communicate effectively about complex discharges.
- ✓ Hold multi-agency risk assessment conferences for vulnerable individuals.

1

## Brief History and Key Events

**March 2023:** Patricia became unwell with hallucinations. After a telephone consultation the GP prescribed antibiotics. The next day, she was found unresponsive and taken to hospital by ambulance using specialist equipment due to her bariatric status. After three days, she was discharged using a private ambulance service. The crew attempted to stand her, despite her immobility issues. This resulted in Patricia falling and sustaining multiple fractures. She was readmitted to hospital and died 10 days later in significant pain.

2

## 7 MINUTE BRIEFING

### SAR PATRICIA



## Agency Involvement

Multiple agencies were involved: GP, hospital, ambulance services, housing provider, CHC team and care providers.

- ✓ Agencies should communicate and be coordinated to support patient needs.
- ✓ Evacuation plans should be formulated and shared with emergency services.
- ✓ Critical information about a patient's mobility and home access should be shared with private ambulances.
- ✓ CHC team should consider signposting patients to wider support. carer assessments should be offered to family members.

3

## Areas for Development

**Evacuation Planning:** Make referrals to Fire and Rescue for a safe and well visit.

**Information Sharing:** Sharing accurate information in transport forms enables a safe discharge.

**Mental Health:** Consider and explore cognitive decline.

**Carer Support:** Consider, recognise and support family members as potential unpaid carers.

**Professional Curiosity:** Avoid making assumptions that family members know about and can monitor a patient's health.

**Private Provider Engagement:** Key providers should contribute to the SAR process to enable practice learning.

5

## Positive Practice

- ✓ The initial ambulance crew used appropriate equipment (EvacPro). They were well coordinated to safely extricate Patricia from her home.
- ✓ The hospital provided effective acute care during her first admission.
- ✓ Since the review some agencies have implemented improvements, including GP practice safety netting and hospital transport form reviews.

4