Jersey

Safeguarding Partnership Board

Serious Case Review

'Mr Lincoln'

Executive Summary

Lynne Phair JP
Independent Consultant Nurse
MA BSC (Hons) RGN RMN DPNS

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Mr Lincoln and the Background for This Review

This SCR concerns the effectiveness of inter-agency practice in relation to engagement and care of a 47-year-old man from January 2013 until the date of his death, the 14th January 2019.

Mr Lincoln was a young adult married with two young children and working as a lorry driver when, in 2002 he had a work accident causing his spinal cord injury.

Following rehabilitation in a specialist spinal injury unit in the UK, he returned to Jersey. After four years his marriage broke down, but he remained involved in the upbringing of his children.

He experienced some depression over the years but appeared to be in good spirits in the months leading up to the time of his death. He also had a history of periodic heavy drinking. He was supported by the GP, whom he visited initially periodically, and the Family Nursing and Home Care Service changed his catheter when required. He experienced serious pressure ulcers in 2009, that took several years to heal. He learned to manage his own health needs and took control of his own life, deciding when he wanted professionals involved in his life and on what terms.

He attended annual reviews at the spinal unit in the UK until 2015 when he stopped attending. A letter was sent to the GP, advising that he could be rereferred at any time. At about the same time he informed the community nurses that he would manage his own pressure risk and do any dressings. From this time, he began to disengage regarding his catheter and there were difficulties for the FNHC staff to attend him. After over 2 years of trying to find the best way of working with Mr Lincoln, the FNHC services informed him that he would be discharged and must attend the GP for his catheter. There was never any doubt that Mr Lincoln was fully cognitively able and had capacity to make all decisions relating to every aspect of his life.

Over Christmas 2018, he cooked for the family and communicated with them at New Year. On New Year's Eve, he called the out of hours GP to come to his flat and change his catheter. This was done, and there were no concerns noted about his pressure areas. Mr Lincoln was well enough to return to the pub after seeing the GP to continue celebrating the new year.

Twelve days later Mr Lincoln called his ex-wife as he felt very unwell. He was clearly extremely unwell and had significant pressure damage. The extent of his damage was not understood by the family and when he succumbed to the sepsis and died, understandably, it was a great shock to them.

Positive Aspects of the Care and Support Mr Lincoln Received

Following his accident Mr Lincoln was immediately referred to a specialist spinal unit in the UK and received excellent rehabilitation support. On return to Jersey, he initially had regular contact with one GP, enabling a relationship to develop. The GP followed best practice in managing his symptoms of depression for several years and when Mr Lincoln did not return for a review, he wrote twice asking him to attend.

Mr Lincoln had a good relationship with one Occupational Therapist, and he made contact intermittently with this service.

The FNHC Nurses were involved in his pressure risk management until 2016. This indicates they had a good relationship with him, working with him on his terms. A care plan was written, and Mr Lincoln's understanding of his own risks was explored. Mr Lincolns decision to manage his own pressure risk was respected.

From around 2016, he began to disengage with them regarding appointments to change his catheter. The FNHC also tried to establish who had medical responsibility of his catheter, but as it had been inserted when he was in the UK, neither the GP or the Urology department took medical responsibility The FNHC Nurses tried for over 2 years, to find different ways of ensuring he received the catheter care he required, eventually discharging him back to the care of the GP in December 2018.

The Working Relationship of the Professionals Involved and Missed Opportunities

Jersey residents who have a spinal injury, do not have any ongoing specialist support on the island. This meant that there was no one person acting as the hub, or local expert either for Mr Lincoln or the professionals intermittently involved with him.

The FNHC nurses were working in isolation in respect of his catheter care as neither the GP or Urology Clinic had medical responsibility for his catheter care.

There was a missed opportunity when Mr Lincoln failed to attend his annual review at the Spinal unit on three occasions. The GP was informed, but this was not followed up. He had also been becoming non-compliant with the FNHC nurses but, because of the system of working between the GP and the FNHC nursing service, neither service knew of his disengagement from other services.

A multi-disciplinary team meeting (MDT) would have enabled cohesive conversations. The involvement of a specialist practitioner would have supported this process by ensuring staff considered any specific long-term psychological impact of a life changing injury. However, it must be recognised that the difficulties professionals were having involved his catheter care and there was nothing to indicate that he was not managing his pressure risk, which may not have been highlighted at an MDT meeting.

Mr Lincoln, who had significant health vulnerabilities, was being cared for in a silo system, with professionals isolated from one another.

Vulnerability Versus the Right to Self-Determination

In 2016, following two previous episodes of significant pressure damage, Mr Lincoln decided to manage his own pressure risk. There was a full discussion with him, and a joint care plan was agreed. Mr Lincoln did not appear to perceive himself as a vulnerable person and he had full capacity to understand and weigh up risks and benefits of his decisions, however, unwise others may have considered them.

Conclusion

It is easy with the wisdom of hindsight to question whether if certain things had been in place, the outcome for Mr Lincoln would have been different. Hindsight bias describes how an incident is viewed after the event, when it is easy to reflect and say, "*why didn't they just do this"* or "*why didn't they tell him to do that"*. Hindsight is a wonderful thing but should be considered with caution and with the reality check of how people live their lives with many difficulties. Health and social care professionals should work constantly to balance the health needs of the person against their right to live their lives and have self-determination.

Mr Lincoln was a very independent man. The evidence suggests that he was determined to live his life his way and this is how people with spinal injury are supported to live.

The involvement of a specialist practitioner, over many years may have improved communication and his decision to share his health issues. A Multi-disciplinary meeting would have ensured better professional communication, but there is no evidence to suggest any professional would have expressed concern about his pressure areas and the focus would have been on his nonattendance at the annual review in the UK and his catheter care.

There is no evidence to indicate that anyone, including his family, suspected that he was neglecting his pressure areas or that he was low in mood or drinking excess alcohol for at least the 2 weeks leading up to his hospital admission. With no outward signs of this prior to the 12th January, it is not reasonable to conclude that anyone, whether family or professional could have raised a concern earlier that Mr Lincoln was neglecting himself.

Recommendations

1. A feasibility study should be conducted to establish the benefits and cost effectiveness for access to a Spinal injury specialist practitioner (nurse or therapist).
2. There should be Government funded provision to ensure GPs attend multi-disciplinary meetings regarding patients with complex needs.
3. All professional care records should record other professionals involved. And MDT's should be held if risks are identified.
4. There should be a clear pathway between the urology department and GP in respect of who is best placed to hold overarching medical responsibly for patients in the community with suprapubic catheters and FNHC nurses should have direct access to the medical professional as part of the multi-disciplinary approach.
5. When patients receive off island care there should be clear agreement regarding medical responsibility on their return.