

Dr Elizabeth Didcock
Assistant Coroner for the Area of Nottinghamshire
Nottinghamshire Coroner's Service
The Council House
Old Market Square
Nottingham
NG1 2DT

30 July 2015

Dear Dr Didcock

Inquest into the death of Jayne Jowett
Response to a Regulation 28 Report

I write in response to your Regulation 28 Report dated 1st May 2015. I am grateful to you for bringing these matters to my attention as Partnerships in Care ("PIC") take all patient safety issues very seriously, particularly where there may be lessons to be learnt more widely. Thank you also for the extension of time that you kindly granted to enable us to respond fully.

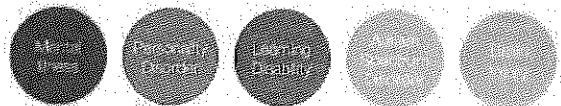
The death of Jayne Jowett was obviously an extremely sad event and my sympathy goes to everyone who knew her. From the perspective of PIC, if there are lessons to be learnt, we will ensure that these are appropriately addressed.

Your Report of 1st May raises three issues pursuant to Regulation 28 to which I will respond in turn.

- 1 **PIC Staff Training in National Early Warning Scores ("NEWS"):
Training in both interpretation of Scores and response to Escalation in Scores has not to date demonstrated improvement in assessment of a patient's clinical condition. The impact of training on patient assessment requires ongoing audit and monitoring.**

All nursing staff at relevant sites were trained on the NEWS when this was rolled out originally in 2013, and all qualified staff at those sites have been retrained on this following this inquest. We have now also arranged for this to form part of the induction training so that all new qualified staff will be trained on this as part of their induction to PIC. Additionally, the training is to be refreshed annually. Staff receive an email reminder of the need to do this annual refresher training. Part of the PIC internal audit system includes checking that staff complete their necessary training.

Further, the policy and details relating to NEWS are available for staff to access on the PIC intranet so that they can refresh themselves at any time where necessary.



PIC has reviewed its medical emergencies policy with the assistance of the Group Medical Director and we have placed a physical health NEWS algorithm in each clinic room and ward office at Annesley House.

Overview monitoring of the use of NEWS is undertaken by our registered managers as part of their general duties and through corporate clinical governance meetings, which are held monthly. Direct monitoring is undertaken by physical health care issues being a standing agenda item in the morning management meeting at Annesley hospital and anybody who has had any physical health concerns requiring the NEWS to be used will be discussed at that meeting.

The successful use of NEWS is evidenced by the fact that patients have been referred to the GP or A & E as a result of the use of this.

- 2 **PIC Staff at Annesley House have low levels of understanding of the significance of clinical signs such as cyanosis, pallor, breathlessness, and the significance of a patient needing oxygen treatment. There are no plans currently in place to address this.**

The training provided by PIC is extensive. This includes training in Intermediate Life Support ("ILS") for all doctors, registered nurses, and tutors responsible for training staff in relation to the management of violence and aggression. The ILS training that we provide includes recognition of these issues. The training providers who deliver this training are all externally accredited to provide training on these matters, and the content of the courses is periodically reviewed by PIC as part of its governance processes. We will also be ensuring that staff are aware of the specific identification of clinical issues that you have raised here through the one to one supervisions in which staff have their clinical practice discussed by a Senior Manager.

- 3 **There remains no clear current Service Level Agreement regarding how best for PIC to work with the local GP Surgery to provide high quality joint care. There is no clear guidance that ensures all information regarding the patient's physical condition is communicated to a GP when seeing a patient.**

Annesley House works closely with the local GP practice at Ashfield House Surgery. I am pleased to say that we have a Service Level Agreement in place and a copy of this is attached.

In your Regulation 28 Report, you indicated that you would find it helpful for both PIC and the GP practice to consider a joint response. I am pleased to say that Annesley House has a good working relationship with Ashfield House Surgery, which I believe can only be to the benefit of our residents and will further assist in addressing the issues raised at paragraph 3 above. The efficacy of that working relationship is evidenced by the fact that this response is indeed sent to you as a joint response both on behalf of PIC and Ashfield House Surgery. The content of this letter has been expressly approved by [REDACTED] to whom your Report was sent on behalf of



the surgery. I have signed this letter on behalf of both Respondents which I trust is acceptable.

In conclusion, I am grateful to you for bringing these matters to my attention and I hope this letter provides useful information as to how these issues are being addressed.

Yours sincerely



Joy Chamberlain
Chief Executive
Partnerships in Care Limited

For and on behalf of Partnerships in Care Limited and Ashfield House Surgery

