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By post and email

Ms A Mutch OBE  
HM Senior Coroner  
Coroner's Court  
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Stockport  
SK1 3AG



[afterinquestrequests@stockport.gov.uk](mailto:afterinquestrequests@stockport.gov.uk)

Dear Ms Mutch

**Re: Regulation 28 Report to Prevent Future Deaths – Julie Helen Taylor  
23/09/18**

Thank you for your Regulation 28 Report dated 24 December 2019 concerning the death of Julie Helen Taylor on 23 September 2018. Firstly, I would like to express my deep condolences to Julie Helen Taylor's family.

The regulation 28 report concludes Julie Helen Taylor's death was a result of 1a) Pneumonitis; 1b) Varicella Zoster virus infection; ii) Downs Syndrome, poor nutritional status.

Following the inquest you raised concerns in your Regulation 28 Report to NHS England regarding 1) Clarification that all patients with a learning disability receive a reasonable adjustment plan whilst they are in hospital, before formal admission; 2) Formal best interest meetings being embedded in the Trust for people with learning disabilities; 3) Training is in place for junior medical staff to recognise common rashes like chicken pox; 4) Timely information sharing between care settings. The points below address these four areas.

This response addresses matters in Stockport NHS Foundation Trust and how learning will be disseminated across Greater Manchester.

You have also identified a number of areas regarding community care in Derbyshire. As Derbyshire does not fall under the remit of the Greater Manchester Health and Social Care Partnership we are unable to provide a response to those issues.

### **Actions taken or being taken by Stockport NHS FT.**

#### **1. Reasonable Adjustment Plans**

All adult patients who are in-patients of the Trust must have in place a Reasonable Adjustment Care Plan. As with core care plans the aim is that these are commenced within the first 24 hours of admission, therefore for many patients their care plan will be commenced on the Assessment Unit, whether this is the medical or surgical unit.

The Adult Safeguarding Team undertake audits of the Reasonable Adjustment Care Plans. The Trust met the target in October 2019. The Quarter 3 report is due to be presented to the Trust Safeguarding Group in March 2020. Actions put in place to improve compliance with this are as follows:

- There is already an electronic flagging system in place whereby senior nurses receive an email advising that a patient with learning disabilities has been admitted to their area, there is a visual icon on all plasma screens of a Blue Butterfly that denotes that a patient has a learning disability
- To support this the adult safeguarding team send out a daily email to senior nurses advising them of the patients in their areas with learning disabilities and the actions required.

As a guide the below are the minimum standards the Trust expects for patients who have a learning disability:

- That they have with them their Hospital Passport – completed by community care staff or family members and brought in with the patient
- A reasonable adjustment care plan – completed by ward staff using passport information
- Blue butterfly is displayed above their bed
- Cognitive Pain Assessment Tool is used if required
- That their carers/NOK are given a Carer's Passport
- That their capacity to consent to being in hospital for care and treatment is considered– if there are doubts about capacity complete a Mental Capacity

Assessment. Following the Mental Capacity Assessment complete a DoLS application if relevant

- That their capacity to consent to treatment and care, assess capacity and treat in best interests if indicated is considered – demonstrating this in documentation and if required refer to IMCA service.

## 2. Formal Best Interest Meetings

The Trust launched guidelines for Best Interest Decisions and Best Interest Meetings in October 2019.

These guidelines aim to assist and support staff in making decisions on behalf of people aged 16 and over who do not have the mental capacity to make their own decisions. It aims to provide a process and structure to making best interest decisions and/or holding a best interest meeting and should be read in conjunction with the Trust's Mental Capacity Act and Deprivation of Liberty Safeguards Policies.

The Trust plans to audit the use of Best Interest Meetings since the launch of this guidance and this will take place during Q4 of 2019- 2020. The Trust is also engaged in a multi-disciplinary audit of the use of the Mental Capacity Act, commissioned by Stockport Safeguarding Adult Board.

## 3. Training for junior medical staff

Chicken pox is a relatively uncommon rash in adult patients, but remains common in children. Chicken pox and the associated pneumonitis is included in the syllabus for the part 1 physicians exams (MRCP part 1) and will be covered in exam preparation. Most direct experience of chicken pox will be seen in the emergency department and paediatrics.

The Trust expects its paediatric middle grade doctors to recognise common rashes such as chicken pox. They will have seen chicken pox frequently during their training and recognition is part of their competencies for the e-portfolio for ST1-2. These medical grade doctors have teaching aimed at common childhood illness on a weekly basis, delivered by a mix of the registrars and consultants and which cover common rashes. All children have a middle grade doctor review prior to discharge/on admission who have competencies that include the recognition of common rashes.

In the emergency department the junior doctors weekly training programme has a session run by the Clinical Director that teaches common childhood illnesses and this includes the recognition of rashes.

## 4. Timely information sharing between care settings

It is recognised that effective communication between the hospital and community settings is pivotal in ensuring a seamless transition of care. Consistent timely publication of the discharge summary within 48 hours of

hospital discharge has been a focus of the Trust over the last two years. They have progressed from a less than 80% delivery rate, to 90% for January 2020. The aim is to achieve better than the 95% standard they have set, and this remains a regular area of focus in performance reviews.

**Actions taken or being taken to prevent reoccurrence across Greater Manchester.**

1. Learning to be presented/shared with the Greater Manchester Quality Board. This meeting is attended by commissioners, including commissioners of specialist services, regulators, Healthwatch and NICE.
2. Learning to be shared with the Greater Manchester commissioners of services to assure themselves of the quality of services they commission.

The Greater Manchester Health and Social Care Partnership (GMHSCP) is committed to improving outcomes for the population of Greater Manchester. In conclusion key learning points and recommendations will be monitored to ensure they are embedded within practice.

I hope this response provides the relevant assurances you require. Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely



Executive Lead for Quality and Medical Director