NHS
Stockport
NHS Foundation Trust

FIRST CLASS MAIL
PRIVATE AND CONFIDENTIAL
HM Coroner (Manchester South)
Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

[redacted]
Oak House
Stepping Hill Hospital
Poplar Grove
Stockport
Cheshire
SK2 7JE

[redacted]

23 July 2021

[redacted] **Regulation 28 Report Lesley Mawby**

Dear Ms. Costello,

I am writing further to the inquest of Lesley Mawby, which concluded on the 21 May 2021, and the Regulation 28: Report to Prevent Future Deaths and the matter of concern as follows:

It is a matter of concern that there are residual staffing shortages in the Dietetic team leading to delays in assessments on weekdays and meaning weekend cover cannot be provided.

I am grateful to you for providing me with the opportunity to respond to your concerns. I asked the Divisional Director of the Divison of Integrated Care to provide me with the information requested which I trust is satisfactory to you.

Over the past 3 years the Dietetic Service has seen a significant increase in demand on the service and staffing establishment has not been enhanced in line with this need. The increase in demand and requirement to increase staffing establishment has been recognised and actions are in place to address this issue, as outlined below.

Twice daily triage
There is twice daily triage by a senior dietitian. All referrals for new patients are triaged by the Dietitians and prioritised according to the dietetic referral triaging criteria, The 'Inpatient ward referral triage criteria' (Appendix A), details the target times for reviewing referred patients in line with priority category. However, the Dietitians review all referrals in full and use clinical judgement to review a patient sooner if necessary.

7 day provision
The service is not commissioned to run over 7 days and this is in line with other Greater Manchester NHS Trusts. The target times for reviewing patients operates in line with priority categories. However, there is weekend provision currently in place in the form of out of hours guidance, available for all staff, which includes feeding regimes for patients on enteral feeding or parenteral feeding: this supports appropriate nutrition being available over weekends ensuring no delays. A copy is attached in Appendix B and C. The subsequent

dietetic review would then tailor the regime if necessary, but the regimes set in the guidance ensure that adequate nutrition would be received.

Improved process

A new streamlined process has been implemented, where staff add the referrals to a spreadsheet with 'assessment due date' documented based on assessment criteria. This new process allows staff to filter the data easily and has improved ways of working. Patients already seen and requiring follow up remain on the spreadsheet with a 'review date' documented and reason for review.

The Dietitian will review the highest priority patients from new and follow up patients and allocate those patients in order based on the criteria and clinical judgement to the staff available. The process is overseen by a senior Dietitian.

Business Case developed – Therapies Staffing

A risk assessment in respect to the dietetic staffing was completed in October 2020 and a detailed review has been completed. The risk to patients due to the staffing establishment and capacity in the team is reviewed monthly by the divisional team and by the executives at the Risk Management Committee.

A business case for therapy staffing is under development and is progressing through the Trust governance process. The Business Case is for increased support for therapy provision regarding nutrition and dietetics. It provides an option appraisal with a phased implementation of both qualified and non-qualified workforce, identifying high risk areas and allowing for training opportunities. However, the Trust has recognised the need for additional resource and is already recruiting to the posts. We would be happy to update you on progress in the future, if required.

Job planning and benchmarking

There is a dietitian job planning exercise underway with Project Management Office (PMO) support, due for completion in September 2021. This will be benchmarked against the British Dietetic Association (BDA) Dietetic Caseload Recommendations. The service is also participating in an NHS benchmarking exercise. A task and finish group has been set up to review processes and identify improvements. In addition, the service is benchmarking the referral process with other Greater Manchester trusts and there is an ongoing review of ward care plans /referral criteria. The current skill mix is also in the process of review with the roles and responsibilities of non-registered staff being examined.

Additional measures implemented by the Dietetic Service to mitigate the risk are as follows:

- The staffing establishment for community and acute nutrition and dietetic teams have been combined to work flexibly across both services.
- The specialist acute caseloads have been combined and will be prioritised accordingly across the service.
- Caseload management monitored regularly to ensure patients are prioritised and seen in a timely manner.
- Recruitment is underway to fill the current vacancies and these are being advertised both internally and externally. Interviews will be held in July 2021.
- A gap analysis has been completed and current gap in skillset identified. Training of substantive staff is to be arranged.

Incident reporting

The Dietetic Service has recognised that it is not always able to meet the target times to review patients that it sets itself due to the increase in demand. Incidents are reported via the Trust's incident reporting system (Datix), when patients are not reviewed within the timeframe specified at triage. The incidents are reviewed weekly at the Incident Review

Group, chaired by the Deputy Director of Quality Governance. The actions detailed above aim to reduce the risk of incidents occurring.

We hope that the above addresses your concerns and assures you that the Trust has taken this matter of highest importance and put adequate actions in place.

Please do not hesitate to contact me if you require any further information.

Yours faithfully

Chief Executive

Enclosed:
Appendix A: Inpatient Dietitians Referral Criteria and Triage Guidelines
Appendix B: Parenteral Nutrition Out of Hours Regimen Using Triomel N4-700E
Appendix C: Enteral: Out of hours starter tube feed regimen for adults

Appendix A:

Inpatient Dietitian Department
Inpatient Dietitians Referral Criteria and Triage Guidelines: September 2020

Referrals for inpatients to Dietetics are currently received from both Patient Centre and Advantis ward. The standardisation of one referral pathway is ongoing.
Referrals received through these systems will be triaged and a priority assigned based on the information on the referral. Referrals which do not meet the inclusion criteria will be declined and information of the reason for decline sent to the referring ward.
Inpatient Dietitians currently provide a service Monday-Friday 8.00am-4.30pm; triaging will occur daily on these days at 8.30am and 1.00pm. Referrals received between these times will be triaged and prioritised in the following session.

NB: Referral received for enteral feeding or parenteral feeding after 1.30pm, especially if Friday or prior to bank holiday, should be accommodated if staffing allows depending on time received and requirements. At a weekend, the out of hours generic detailed Dietician guidance and feeding regimes are recommended for use.

1. Criteria for referral:

1.1 Inclusion criteria for referral to Inpatient Dietitians

- Nutrition support for patients with a Malnutrition Universal Screening Tool (MUST) score ≥ 2
- Enteral feeding (including Nasogastric, Nasojejunal, Gastrostomy, Jejunostomy, distal)
- Parenteral feeding (TPN)
- High stoma output
- Renal diet
- Liver disease
- Diabetes
- Newly diagnosed coeliac disease
- Liquid diet
- Oesophageal Stent and dietary advice
- Pressure ulcers category 2 or above

1.2 Exclusion criteria

- Weight reduction/management or Obesity
- MUST score 0 or 1 (ward will be informed to follow Trust Nutritional care plan)
- Low Albumin

2. Prioritisation and standards re new assessment:

The priorities assigned will be priority 1, priority 2 and priority 3. The standards for new assessment from receipt to referral are:

Priority 1: 1 working day from receipt of referral 8.30am or 1.30pm (triage takes place twice daily)

- Parenteral Nutrition
- Enteral Nutrition
- MUST score of 6
- Liquid diet

Priority 2: 2 working days from receipt of referral

- Eating disorders
- Oesophageal stent
- Liver disease
- High output stoma

Priority 3: 3 working days from receipt of referral

- MUST score ≥ 2
- Renal diet
- Diabetes
- Newly diagnosed coeliac disease
- Pressure ulcers category 2 or above

Appendix B

Parenteral Nutrition Out of Hours Regimen Using Triomel N4-700E

Please only use the Parenteral Nutrition Out of Hours Regimen where dietetic (or NST) cover is unavailable for more than 24 hours (usually From Friday afternoon to Sunday afternoon or Monday afternoon on bank holidays). Where the patient can be seen by dietetics (or the NST) within 24 hours please commence fluids and refer to dietetics (or NST)

- Please send a referral to dietetics (via Patient Centre) for a tailored regimen to meet the patient's nutritional requirements
- Prescribe Pabrinex (vials 1+2) once daily for 3 days. The first pair dose should be given before parenteral nutrition is commenced with at least a 30 minute rest period between this finishing and the start of parenteral nutrition.
- Baseline blood biochemistry should be checked before parenteral nutrition is started (U+E's, LFT's, phosphate, magnesium, glucose, lipids and CRP).
- The parenteral nutrition solution (Triomel N4) should be prescribed either on ePMA or the drug kardex by the medical team or nurse clinician. Please use the table below for suggested volumes and flow rates.
- Monitor biochemistry (U+E's, phosphate, magnesium, glucose) on a daily basis and correct low electrolyte levels as required. Monitor other bloods as outlined in the Parenteral Nutrition Policy
- Other IV fluids may need to be adjusted as parenteral nutrition volumes are increased.
- Consider monitoring cardiac rhythm in malnourished patients, or those with pre-existing arrhythmia

Patient's Body Weight	Day 1 [Triomel N4-700E]	Day 2 [Triomel N4-700E]	Day 3 [Triomel N4-700E]
25-29kg	192mls at 8mls/hr x 24 hrs	288mls at 12mls/hr x24hrs	384mls at 16mls/hr x24hrs
30-34kg	228mls at 9.5mls/hr x24hrs	348mls at 14.5mls/hr x24hrs	456mls at 19mls/hr x24hrs
35-39kg	264mls at 11.0mls/hr x24hrs	396mls at 16.5mls/ x24hrs	528mls at 22mls/hr x24hrs
40-49kg	324mls at 13.5mls/hr x24hrs	480mls at 20mls/hr x24hrs	636mls at 26.5mls/hr x24hrs
50-59kg	384mls at 16mls/hr x24hrs	588mls at 24.5mls/hr x24hrs	780mls at 32.5mls/hr x24hrs
60-69kg	456mls at 19mls/hr x24hrs	696mls at 29mls/hr x24hrs	924mls at 38.5mls/hr x24hrs
70-79kg	528mls at 22mls/hr x24hrs	792mls at 33mls/hr x24hrs	1068mls at 44.5mls/hr x24hrs
80-89kg	600mls at 25mls/hr x24hrs	912mls at 38mls/hr x24hrs	1200mls at 50mls/hr x24hrs
90-99kg	672mls at 28mls/hr x24hrs	1008mls at 42mls/hr x24hrs	1344mls at 56mls/hr x24hrs
100kg and above	720mls at 30mls/hr x24hrs	1068mls at 44.5mls/hr x24hrs	1428mls at 59.5mls/hr x24hrs
	Using 5kcals/kg for mid-point weight	**Using 7.5kcals/kg for mid-point weight**	**Using 10.0kcals/kg for mid-point weight**

A 2500mls bag contains 1750 (total) kcals, 62.5g protein, 52.5mmols sodium, 40mmols potassium, 5.5mmols magnesium, 5.0mmols calcium, 21.2mmols phosphate. Patients will receive proportionally lower doses of these nutrients as the parenteral nutrition regime is established

Note: Patients are likely to require additional fluid with supplementary potassium due to low parenteral nutrition volumes at this early stage (June 2016)

Issue date: August 2018
Version 2.3

Appendix C

NHS Stockport NHS Foundation Trust

Ensure nasogastric tube position is checked with pH indicator paper before each use. A documented pH of ≤ 5.5 confirms the tube is in the stomach[1,2,3,4]. Refer to the trust Standard Operating Procedure for the Care and Management of Nasogastric Tubes in Adults.
Please also see references overleaf for more information.

ENTERAL: OUT OF HOURS STARTER TUBE FEED REGIMEN FOR ADULTS

Only for use when dietetic service NOT available:
Out of hours (weekends, bank holidays and after 4.30pm weekdays).
For use during the **first 2-3 days of tube feeding** only. **Not suitable for use after this period.**

Process:

1. Seek senior medical approval before inserting a nasogastric tube and/or starting tube feed.
2. Please send a referral to Dietetics (via Patient Centre or Advantis Ward).
3. Refer to trust "Protocol for Re-feeding syndrome in Adults" located in Nutrition Microsite to identify if patient is at risk and follow guidelines prior to feed starting.
4. Medical team to please advise on additional fluids (IV or water via NGT) to maintain hydration. Volume may need to be adjusted as enteral feed volumes increase. Deliver no more than 150-200ml per flush.
5. Monitor blood glucose levels at baseline then 1-2 times a day (or more if needed) until stable. Once stable monitor blood glucose weekly.

Patient's Body Weight	Day 1 Jevity	Day 2 Jevity	Day 3 Jevity
25-29kg	6mls/hour x 20 hours	13mls/hour x 20 hours	19mls/hour x 20 hours
30-39kg	8mls/hour x 20 hours	16mls/hour x 20 hours	24mls/hour x 20 hours
40-49kg	10mls/hour x 20 hours	21mls/hour x 20 hours	31mls/hour x 20hours
50-59kg	13mls/hour x 20 hours	26mls/hour x 20hours	38mls/hour x 20 hours
60-69kg	15mls/hour x 20 hours	30mls/ hour x 20 hours	45mls/hour x 20hours
70-79kg	17mls/hour x 20 hours	35mls/hour x 20 hours	52mls/hour x 20 hours
80-89kg	20mls/hour x 20 hours	39mls/hour x 20 hours	59mls/hour x 20 hours
90kg and above	22mls/hour x 20 hours	44mls/hour x 20 hours	63mls/ hour x 20 hours
	Using 5kcals/kg for mid-point weight	**Using 10.0kcals/kg for mid-point weight**	**Using 15.0kcals/kg for mid-point weight**

Rest from feed for 4 hours per day
For reference: 100ml of Jevity provides 107kcals, 4g protein, 4mmol sodium, 4mmol potassium, 0.9mmol magnesium, 2.3mmol phosphate.

Ensure medications are reviewed by doctor and pharmacist to **avoid drug nutrient interactions**. E.g.Warfarin or phenytoin: Feed needs to be stopped 2 hours pre and post phenytoin dose. Feed needs to be stopped 1 hour before and 2 hours after warfarin dose.

If patient has diabetes - Please initiate 4 hourly blood glucose monitoring. Contact medical team, diabetes specialist nurses and dietitians if any concerns.

If patient is not known to have diabetes - Please monitor blood glucose levels x2/day for 7 days. Check at random times during feed period. If consistently 4-8mmol/l then weekly blood glucose checks thereafter. If consistently out of this range, contact medical team, diabetes specialist nurses and dietitians if any concerns.

ENTERAL FEEDING GUIDELINES

Setting up feeds

- Check correct feed as per regimen and feed is within use by date
- Wash hands according to hand washing guidelines
- Set up feed in a clean area
- Avoid unnecessary handling of feed/equipment
- Do not touch the foil seal or tip of giving set
- If decanting feeds into flexitainers use disposable foil cutters (single use item) and discard after use.
- If decanting cans of feed, swab top and side of can with an alcohol wipe before pouring into flexitainers.

Storage of feeds

If using cans or bottles, as may occur when bolus feeding, opened feeds should be stored in the fridge in a covered container (date + time labelled). Discard any remaining feed after 24 hours.
If bolus feeding with a giving set, store opened feed and giving set as a complete unit and keep in fridge for no more than 24 hours. Ensure the cap is closed on the giving set.
Feeds should be removed from the fridge up to 30 minutes before administering to adjust to room temperature.

Hanging times

Ready to hang feeds should not be hung for more than 24 hours.
Please liaise with dietitian before decanting feeds.

Flushing

Flush tube with 50mls sterile water before and after feeding using the feeding port, after gastric aspiration, and after administration of all drugs using a 50ml syringe

Please note that hospital syringes are single use only.
If additional flushes are required use the side port of the giving set.

Discarding/stopping feeds

Throw away any unused feed and change giving set and bottles every 24 hours.
When enteral feeding is no longer required please ensure that the pump is cleaned according to feeding and decontamination guidelines and that a decontamination certificate is completed before returning the pump and certificate to your ward pump store.

Positioning

The patient should be positioned at 30-40° whilst feeding wherever possible, to decrease the risk of pulmonary aspiration.

References

1) National Patient Safety Agency. *Reducing harm caused by the misplacement of nasogastric feeding tubes.* 2005 www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=59794&p=4

2) NHS Improvement - Patient Safety Alert. 2016 *Nasogastric tube misplacement:continuing risk of death and severe harm.*
3) https://improvement.nhs.uk/documents/194/Patient_Safety_Alert_Stage_2_-_NG_tube_resource_set.pdf

4) National Patient Safety Agency *Reducing the harm caused by misplaced nasogastric feeding tubes in adults,children and infants* 2011
www.nrls.npsa.nhs.uk/resourses/type/alerts/?entryid45=129640

5) National Patient Safety Agency Rapid Response Report: *Harm from flushing of nasogastric tubes before confirmation of placement* 2012
www.nrls.npsa.nhs.uk/resourses/type/alerts/?entryid45=133441