



**NHS Foundation Trust** 

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Date: 8 March 2017
Your Ref:

Ms N J Mundy Senior Coroner Coroner's Court and Office Crown Court College Road Doncaster DN1 3HS

Dear Ms Mundy

Re: Jane Bulloch Wilson Stables (Deceased) DOB 30.03.1946 - DOD 02.04.2016

I write further to my letter of 8 February 2017 which was delivered by me personally to your Court on 9 February 2017.

Within that letter I said that I would update you with a further report in 28 days. I hope this communication can be seen as the second stage of the Trust response to your Regulation 28 report.

In my communication of 8 February I proposed 6 actions. I would like to update you with regard to each of the points in that letter.

In addition I made the error of calling one of the District Nurses Leave I. That is because I had a previous communication within the Trust stating that this was her name. Of course, her name is and I would like to apologise if this confused you in any way.

I am enclosing the following documents which will be referred to within this report.

- a) Letter to the General Practitioner
- b) Letter to Mr
- c) Powerpoint presentation by

Leading the way with care

In relation to <u>points one and two</u> from my communication of 8 February, a meeting was held on 24 February 2017 between myself and the relevant District Nurses and their Line Managers. I chaired this meeting. I provided the attendees with a summary of my understanding of the case regarding Regulation 28 report. The participants were given the opportunity of reading this summary. They had already been sent a copy of your Regulation 28 report in advance.

A full and frank discussion took place at this meeting. It was both professional and cordial. I produced the summary of the learning from that event with some actions. It included the need to consider a direct dialogue between professionals (including the GP) in relation to pain management if this was not optimised regardless of whether patients and/or carers maintained their own communication channels with pain management professionals.

One of the attendees was a Service Manager in the Community Nursing Team. She said that the Community Nursing Service would share information and lessons learned at their monthly senior nurse meeting chaired by her or by fellow attendee, The next meeting was due to be held on 30 March 2017. All team leaders, sisters and charge nurses are expected to attend, or at least to have one member attend to represent a cluster. She has told me clearly that the Regulation 28 learning would be on the agenda and that she would send me minutes once this meeting had concluded.

then went on the tell me that the sisters or charge nurses would go on to chair cluster meetings to disseminate all relevant information discussed at the 30 March meeting. She said that she would be more than happy to forward on minutes from the cluster meetings to demonstrate that learning had been disseminated.

I believe that this also deals with  $\underline{point\ six}$  from the action list from my letter of  $8^{th}$  February 2017.

is our Trust Physiotherapy Professional Lead as well as a key contact with your Court.

She has prepared training sessions on the issue of pain management in patients with dementia and cognitive impairment. This is a rolling training programme with further dates planned on 5 April, 17 May, 15 June, 5 September and 4 October 2017. I have taken the liberty of enclosing print outs of the slides uses for her training session. She tells me that she will incorporate the learning for the Regulation 28 into new slides for future training sessions.

In relation to <u>point three</u> of my 8 February letter I can confirm that I have had a communication with I enclose a copy of the letter that I wrote to him. I am pleased to report that he has responded enthusiastically to my invite to meet with him. My secretary has organised this for Friday 10 March 2017. He will be accompanied by his son. In relation to <u>point four</u> of my 8 February letter I will ask him whether he would consider discussing his experiences of being a carer for somebody with a physical health disorder at our Trust Board. If he agrees to this, I will then liaise with colleagues who organise this to see whether this could be facilitated as part of our monthly Board of Directors "Patient Story".

In relation to <u>point five</u> of my 8 February letter I can confirm that I have had a dialogue with the GP, I enclose a copy of a letter I sent to the GP following our communications.

I hope that this demonstrates that we have taken your Regulation 28 report seriously and have attempted to address it through both internal dialogue and communication with key stakeholders such as the family and the General Practitioner.

I hope that our learning will be ongoing from this incident and in particular I am looking forward to my meeting this Friday with

Please do not hesitate to contact me if you believe that further actions are required or if you have questions regarding the Trust response.

Yours sincerely

**Executive Medical Director** 

Encs.