

Trust Headquarters
225 Old Street
Ashton-Under-Lyne
Lancashire
OL6 7SR

08 May 2018

Mr C Morris
HM Area Coroner
Coroners Court
1 Mount Tabour
Stockport
SK1 3AG

Our Ref: CM/KH
Department: Trust Headquarters
Ask for: Claire Molloy
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Dear Mr Morris

Re: Catherine Kennedy (Deceased)

Thank you for your Regulation 28 report dated 13th March 2018, and for bringing to my attention the concerns you had after hearing all the evidence. Your concerns have been reviewed and the Trust's response is outlined below:

Matters of Concern

"In the course of the inquest, evidence was heard about a telephone conversation between a nurse on Norbury Ward and the on-call junior doctor for the wards. Miscommunication in the course of that conversation in combination with other factors, played a part in the fact that over 14 hours elapsed between staff first being informed of the overdose and Mrs Kennedy being reviewed by a doctor.

Whilst the Trust has taken a number of actions in response to its internal investigation into the circumstances of Mrs Kennedy's death, it is a matter of residual concern that sufficiently robust measures have not yet been taken to adequately reduce the risk of future deaths arising from miscommunication and assumptions occurring in the context of telephone conversations between ward staff and on-call doctors.

In particular, it is a matter of concern that the Trust does not appear to consistently have used a communication paradigm (such as the SBAR paradigm introduced by the United States Navy and widely of application across the NHS) as to the content and documentation of key communications, particularly arising in the context of seeking action from an on-call member of staff not based on the ward".

Response:

The Trust can confirm that the Situation, Background, Assessment, Recommendation (Decision) tool is currently taught within the following courses within Pennine Care NHS Foundation Trust:-

- SBAR(D) has been included within Intermediate Life Support training for approximately 18 months.
- SBAR(D) has been taught as part of Clinical Risk Formulation Training for two years. It is taught as part of emergency management and how to verbally communicate the risk formulation when the risk is high and immediate.
- SBAR(D) has been taught as part of STORM Suicide Prevention Training for the past 12 months.
- SBAR(D) has been taught as part of the MVA 4 courses to summon assistance around post effects of restraint and or rapid tranquilisation. We have done this for over 18 months to also support the Modified Early Warning Scores (MEWS) training,
- SBAR(D) is taught as part of the Modern Matron Clinical Skills Course for ward nursing staff.
- Organisational Learning and Development have been supplying learners with a copy of the A5 SBAR(D) telephone pads, to write on as handing over. The pads are placed by the telephone to provide a prompt to anyone making the call to an on-call medic.

However, to further support the use of this communication tool the context of ward staff seeking action from an on-call doctor not based on the ward, the following recommendations have been made:

- 7 minute briefing to be developed to further support the use of this communication tool in the context of ward staff seeking action from an on-call doctor not based on the ward. This is to be shared with mental health inpatient services across the Trust.
- Consideration to the SBAR(D) being added to the Trust Physical Health Policy.
- Wards to have a copy of the SBAR(D) poster displayed by the office telephone for staff reference.
- SBAR(D) to be included within the Handover Guidelines being developed for ward staff by the Modern Matron.

- SBAR(D) to be added to junior doctor induction pack.

I hope this response assures you that the Trust takes seriously any concern that you raise.

Yours sincerely



pp.

Claire Molloy
Chief Executive

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