

Your ref: [REDACTED]

29 January 2021

Mr Graeme Irvine  
Area Coroner East London  
Walthamstow Coroners Court

6<sup>th</sup> floor, North House  
St Edwards Way  
Romford  
RM1 3AE

Tel: [REDACTED]

By email to: [REDACTED]

Dear Mr Irvine

**Re: Inquest touching upon the death of Mrs Ann Doris Stillwell, Regulation 28 Report**

I write in response to the Prevention of Future Deaths Report issued to Havering Clinical Commissioning Group on the 8 December 2020, following the Coroner's inquest into the death of Mrs Ann Doris Stillwell.

The CCG director lead and head of service have met to discuss the Coroner's concerns set out in the Regulation 28 report and agreed actions to strengthen the management of requests for 1 to 1 care by care providers.

Some changes to the process had been introduced in November 2020 which will reduce the risk of a similar incident occurring again and some additional actions have been agreed for implementation in February 2021.

Please find attached a report for the Coroner on the actions that have been taken.

The CCG strives to learn from incidents and to constantly improve the service provision it provides. Please do not hesitate to contact me if you require any clarification.

Thank you for your helpful insights into this case.

Yours sincerely

[REDACTED]

**Managing Director**

cc: [REDACTED] Director of Public Health, London Borough of Havering

*Attachment: REGULATION 28: Report to Prevent Future Deaths from Graeme Irvine, Area Coroner East London, 8.12.20.*

Accountable Officer: [REDACTED]  
Managing Director: [REDACTED]  
Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

Chairs:  
Dr [REDACTED], Barking and Dagenham Clinical Commissioning Group  
Dr [REDACTED], Havering Clinical Commissioning Group  
Dr [REDACTED], Redbridge Clinical Commissioning Group



**Response to:** REGULATION 28: Report to Prevent Future Deaths from Graeme Irvine, Area Coroner East London, 8.12.20.

**From:** [REDACTED], Managing Director, BHR CCGS

**Date:** 29 January 2021

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1. This report provides a response to the *Report to Future Prevent Deaths* from Graeme Irvine, Area Coroner East London, of 8.12.20.
2. Barking and Dagenham, Havering and Redbridge CCGs have reviewed the Coroner's concerns in the report relating to the death of Ann Doris Stillwell. We have identified that there are some improvements that could be made to the processes within the NHS Continuing Healthcare Team to strengthen the decision-making process for 1 to 1s.
3. The process we had been following for managing requests for 1 to 1s required the hospital discharge team to send the referral directly to the NHS CHC team prior to discharge, where this has been requested by the care home. Whilst we believe that the need for 1 to 1 was not flagged up on the care plan for Mrs Stillwell, this should have been considered as Mrs Stillwell was having an enhanced level of monitoring in hospital. The fact that the nursing home queried this before discharge should have prompted the staff member from the brokerage team to alert a clinician to the possible need for 1 to 1.
4. We have identified that requests for 1 to 1s come through to different people in the CHC Team and the level of information given is sometimes variable. We have now introduced a requirement for requests for 1 to 1s to be sent to the Head of Service and a senior nurse assessor who will provide a response to the request within 2 hours.
5. If the information is not complete, then the hospital discharge team is asked to forward all falls risk assessments, care diaries and behaviour charts as appropriate to the Head of Service or senior nurse assessor so that they can confirm a decision. Evidence is needed as to whether this level of support is required during the daytime only or the full 24 hours. Many people are nursed on enhanced observations or in a cohort /bay in hospital do not go on to require this level of support in the care home.
6. The Head of Service/senior nurse assessor will take a view based on the information received and ask for further evidence if required. The authorisation for 1 to 1s is normally given for 14 days and prior to this point we request, via the hospital discharge team, that the care home provides further evidence to warrant any extension of the 1 to 1. This system has been in operation since November 2020 and appears to be working well.
7. We are introducing an additional safeguard to ensure that any requests for 1 to 1s submitted to the brokerage team directly by a care home are brought to the attention of a senior clinician. The following actions have been agreed:
  - To confirm with all non-clinical brokerage staff the need to escalate to a clinician where 1:1 care is requested by a care provider – **With immediate**

**effect** - and to ensure that this is built into CHC processes. **By end February 2021 to ensure this is built into our electronic systems.**

- To ensure all staff are reminded of the need to activate their out of office messages and that these should indicate a suitable alternative person who can respond. Where this is a clinician an alternative clinician should be named as contact. **With immediate effect.**
8. Please note that the report was copied to [REDACTED], Director of Public Health for London Borough of Havering.