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HM Senior Coroner Derek Winter
The Coroner's Office
Sunderland Civic Centre
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Dear Sir

Inquest into the death of Richard Burgess

This letter is written in response to the Regulation 28 Report which you issued against the Trust following the inquest into the death of Mr Richard Burgess. As you are aware, the Trust takes all patient deaths very seriously and investigates them very thoroughly to establish if lessons can be learned or services improved and this case was no exception. Following the inquest, the findings of the Trust's Serious Incident Report have been shared again at the Trust's Locality Quality Standards and Safety Meetings, in addition to the findings of the inquest and the reports of the independent expert. On 27 July 2021, the Central Business Unit will also feedback to the Locality Quality Standards Meeting the outcome of their discussions on the findings of the inquest and the independent expert reports to see if any additional learning can be identified.

For the purpose of responding to your specific concerns raised in the Regulation 28 Report, I shall address each of them in turn.

1. **The provision of a multi-disciplinary team and professionals with suitable skills, qualifications and competencies commensurate with their role and the speciality of dementia care.**
 - 1.1. As presented at the inquest, all staff employed by the Trust have the relevant skills, qualifications and competencies for their role. All staff working with dementia patients have received appropriate dementia care training, with relevant staff receiving care planning formulation training, in addition to observation and engagement training.



1.2. As part of the multi-disciplinary team (MDT), Mr Airey explained that the Trust employs specialist Psychiatrists who are trained to work with patients with dementia, in addition to Care of the Elderly nurses, who provide training and support to staff. The Trust also employs Activity Coordinators who are all actively involved as part of the MDT process and has recently trained 10 members of staff to provide dementia care mapping training across the relevant wards.

2. A prevention model and approach for dementia care that proactively uses detailed assessment, intervention and evaluation of changing care, needs and risks of the individual in order to provide therapeutic interventions and reduce the need of medication.

2.1. As presented at the inquest, the Trust does adopt a preventative approach to person centred care. Tools such as the Newcastle Model, life stories, dementia mapping etc., are used to help formulate care plans, which include activities linked to these assessments and ways to engage patients in therapeutic interventions that are tailored to their specific needs. Staged behavioural support plans also, by their very nature, set out proactive steps to try and prevent behaviour from escalating from one stage to another, with medication prescribed only if required.

2.2. As presented at the inquest, changes have been made to the way in which reviews of patient care takes place, with an emphasis now on regularly reviewing all of the information available, which includes, but is not limited to, the environment, medication, physical health, engagement by staff, incidents, observation levels, risks, patterns in challenging behaviour and analysing how these are all impacting the patient so care plans can be adapted accordingly.

2.3. As explained by [REDACTED], due to the nature and degree of presentations with dementia that require admission and detention in hospital, patients sometimes require regular medication to assist with their behaviour. With the new review process there is more detailed analysis at MDT meetings, with the input of a Pharmacist, as to how often medication is being used, its effectiveness and whether a regular prescription is required, in addition to any changes in such medication. There are also safeguards within the Mental Health Act that monitor and review these treatments.

3. The evidence of assessments or the application of assessments of the impact of the persons' difficulties, including cognitive and neurological difficulties, polypharmacy, psychological and personality, mental and physical health, social, environmental and care practises, emotions, beliefs and thoughts of a person.

3.1. As described above, all of these factors are regularly reviewed and analysed, with the relevant information translated into care plans.

4. A continuous engagement with the family in the "triangle of care", including regular communication and updating life stories.

4.1. As presented at the inquest, triangulation of care is an important aspect of care and the Trust regularly engages with families to help formulate care plans. As per [REDACTED] evidence, care planning is an ongoing process, which evolves with the patient. Whilst the Trust uses life stories in the first instance to inform care plans, other information

which is acquired over time, from ongoing assessments of the patients and communication with friends and families are used to inform care plans, which are reviewed regularly.

5. A focus on the person, asserting absolute value of the person and individualised approach, whilst understanding the world from the person's perspective and provision of a social environment that supports psychological and physical needs.

5.1. As presented by [REDACTED] at the inquest, the Trust adopts a person centred focus for each individual and uses models such as the Newcastle Model and Kitwood's flower, which focuses on the key principles of personhood (love, comfort, attachment, inclusion, occupation and identity) to inform care plans. Life stories, 'this is me' boards and flashcards, were some of the examples given to show how individual information is used to tailor care plans and activities to individuals.

6. Converting policy into practice.

6.1. All Policies and guidelines which are implemented by the Trust are put into practice, with staff receiving information and/or training on the implementation of them. As explained at the inquest, audits are put in place to monitor compliance, with some policies, such as the observation and engagement policy, requiring staff to complete yearly competency based training.

6.2. Compliance with training is also monitored to ensure that all staff are fully up to date with relevant policies and practices, with additional training provided if a need is identified.

6.3. In addition to formal training, the Trust also sends out regular bulletins and emails to staff to keep them updated about any relevant news and/or changes in policies or guidance, as well as relaying key information via team meetings and individual supervision.

6.4. The Trust also has champions for some of its policies/initiatives so that extra support is provided to assist in embedding practices, especially when they are new.

I hope that the information provided offers you the assurance that the Trust have invested significant time, effort and resource into investigating this incident and looked again at the findings of the inquest and independent expert with a view to improving patient care and safety.

Yours sincerely



[REDACTED]
Executive Medical Director