Portsmouth Hospitals University
NHS Trust

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Mr R Simpson
Assistant Coroner
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[redacted]

20/12/2022

Dear Mr Simpson

I write further to the inquest into the death of Mr Anthony David Blower which was concluded on 8th December.

I understand from our Head of Legal Services that you had 2 main concerns which were leading you to consider whether or not it is necessary to issue a Prevention of Future Deaths reports.

I will set out the 2 concerns below, as I understand them, with my response to those issues after each one.

1. **You were concerned that you had seen evidence of poor completion of care plans. I understand that at the inquest one of the witnesses gave evidence that there has been continued training and education within the trust on the importance of the completion of nursing documentation but that she also gave evidence that the quality of the completion of care plans remains variable. You accept that staffing levels are challenging but you are concerned that there didn't appear to be any auditing of care plans / support to help nurses ensure that care plans are properly completed.**

The trust is in a transitional period with many of our systems moving over to digital formats. This hybrid system makes auditing more challenging in the short term, but I would like to provide you with assurance that auditing does continue, in a variety of ways.

(I) One such system is the Ward Accreditation process which incorporates a review of patient records as well as observations of care delivery. Currently 24 of the wards have been audited in this way, with 14 left to be reviewed. During the ward accreditation process the team, currently consisting of a Senior Matron, a Senior Sister and two volunteers, visit the ward on several occasions at different times of the day. During these visits they speak to staff, patients and visitors and observe the care that patients are receiving as well as the processes that are in place on the ward. Ten patients and their families are asked about the care they receive, including whether they receive enough help with meals, and what they feel is

done well at PHU and if there was anything they could identify that could be improved. Staff are asked to describe the nutritional requirements for their patients and to evidence what food and fluids their patients have received in the last 24 hours. Staff are asked about which patients they consider to be most at risk of falls and acquiring a pressure ulcer, why they consider them to be high risk and to describe the plan of care that they are currently receiving. The Ward Accreditation team review the end of bed documentation and care plan to see if the plan described matches the documentation and the findings are discussed with the staff caring for the patient. Each question is asked five times to five different nurses however these questions are asked to different nurses on different days and not every nurse is asked each question, so several patients are discussed during the period of the assessment. At least one safety huddle is attended in each area and further information is requested if necessary, particularly around the plan of care for identified risk factors. Any immediate concerns highlighted are shared with the Nurse in Charge on that shift and the Senior Sister/Senior Charge Nurse when they are next on duty. The results of the review are documented in a comprehensive feedback report. This is shared with the Senior Sister/ Senior Charge Nurse and Matron, ideally within 1-2 weeks following completion of the visit. The Senior Sister/Senior Charge Nurse is asked to complete an action plan, initially starting with the top three things that will make a difference to staff and patients. When reviews of all the in-patient wards within a Care Group are completed, the results are shared with the Divisional Triumvirate and Ward Accreditation is added as a regular item at their Monthly Divisional Governance meetings. A monthly report is provided to the Professional Board (which is chaired by the Chief Nurse and represents Nursing, Midwifery and Allied Health Professionals). If another area of concern has been identified a report is submitted to the Trust lead so that appropriate quality improvement actions can be considered and taken. All wards will have ward accreditation assessments repeated and a scoring system will be in place for the second round of assessments which will rate the wards as Outstanding, Great, Good or Working towards Accreditation. Their rating will then determine how regularly they are reviewed, which will be at a 6 monthly interval initially.

ii) During the pandemic there was a direction from NHS England that participation in national clinical audits should be suspended to enable prioritisation of the Trust's response to COVID-19. As normal service returns, priority areas requiring audit are constantly being reviewed. The current Trust plan prioritises participation in 'must do' national clinical audits covering Cancer, Respiratory, Cardiac and Inpatient Falls. There are approximately 50 plus national clinical audits requiring data collection and completion, although resource capacity is very limited.

Local audit activity is led at an individual specialty level. There are currently over 500 individual clinical audit projects on the Trust wide audit plan including Pressure Ulcer Risk Assessments - Purpose T Documentation Audit, Nursing documentation and Falls Prevention.

iii) As you may be aware, the trust is currently transitioning towards an electronic solution for clinical notes (digital forms) which will enable an improvement in the completion of key mandated fields. This will be about 3-6 months in the decision-

making process then progressive work over an estimated 2 years after this if it is decided that an 'all in one' solution is to be purchased. The trust is also currently implementing an electronic prescribing and medicines administration system Trust wide. The digimed Electronic Prescribing and Medicines Administration (EPMA) system will be fully deployed trust wide by June 2023 and this will enable routine audits to be completed and reported on detailing the reliability of prescribing and administering nutritional supplements to Inpatients.

2. **I understand that at the inquest you heard evidence about the difficulties of ensuring that those patients who do not have fluid charts are offered 7 drinks a day and that nurses try and keep an eye on water jugs, etc. I understand you were concerned that no one has overall responsibility for monitoring of fluids for those patients without fluid charts.**

Food and Nutrition is a Care Quality Commission fundamental standard and is part of the National Patient Safety Agency agenda. Nutrition and Hydration needs are recognised as being key to our patients' recovery and is the responsibility of all our staff. However, as you are aware not all patients have fluid and nutrition charts, only those for whom poor nutrition/hydration has been flagged as a particular concern either from a medical or nursing perspective. There are some clear indicators of when to chart food and fluid intake: unintentional weight loss, depression or low mood, inactivity and loss of appetite, nausea and gastrointestinal symptoms are obvious ones. There are also some wards where this is more routine than others depending on their specialty of care and in some wards it is clinically indicated for every patient to be on a food and fluid chart.

We expect registered nurses to use their clinical expertise, observe the patient's mucous membranes, capillary refill time, blood pressure, pulse and weight to take a view on whether the patient is drinking and eating sufficiently. Conversation with the patient, their next of kin, as well as reviewing their risk of Malnutrition (MUST 5 step screening tool is used to identify patients at risk of malnutrition) will indicate whether the patient has a good appetite and stable weight. The multi-disciplinary workforce also observe the patient's mood and activity at mealtimes, HCSWs and housekeepers will notice and document if a meal has been untouched, relatives will speak to staff and ask if they can bring in snacks to tempt their loved one. In short, whilst nurses do try and monitor fluid intake from water jugs, this is only one of a number of monitoring tools.

In addition, we do audit the completion of nutritional assessments within 1 day of admission and attached is the data from the latest audit which demonstrates that the vast majority of patients do have their risk of malnutrition assessed within the first day of admission.

One approach that we have deployed since the pandemic is the addition of mealtime volunteers. These specialised volunteers receive additional training to support frail patients to access their meals whilst they are hot and talk to them so that they have a social experience during mealtimes. A small number of Dementia volunteers have also been recruited and trained to provide additional support with engaging confused and vulnerable patients at mealtimes in an attempt to help them maintain interest and tempt them to eat throughout mealtimes.

The Trust is also planning to reinstate the nutritional committee in the New Year, which I will attend in my capacity as the Deputy Director of Nursing for Quality and Safety, this forum will provide a senior focus to ensure that wards are protecting mealtimes so that patients are not interrupted or undergoing examinations/ investigations during mealtimes. There will be a multidisciplinary membership for the committee, and we will be challenging ourselves to ensure that we are monitoring our performance in this fundamental area of care and exploring as many opportunities as possible to improve the nutritional status of our patients. Other Trusts have introduced finger food menus and innovative schemes to enhance access to out of hours provision of meals and this will be included within the review of how nutrition and hydration standards can be improved for our patients at PHU.

I do hope the contents of this letter provide you, and Mr Blower's family with the assurance that both the completion and auditing of nursing documentation (including care plans) and the careful monitoring of fluid (and nutritional) intake are key priorities for the Trust that are already being implemented. However, if you have any further questions, please do not hesitate to contact me.

Yours sincerely

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Deputy Director of Nursing for Quality and Safety