



Surrey and Sussex Healthcare
NHS Trust

Please reply to:

Title: Chief Medical Officer

Headquarters
East Surrey Hospital
Canada Avenue
Redhill
RH1 5RH

Ms Anna Crawford
H M Assistant Coroner for Surrey
Station Approach
Woking
GU22 7AP

09 February 2024

Dear Ms Crawford

**Regulation 28 Report – response by Surrey & Sussex Healthcare NHS Trust
Inquest touching upon the death of John William Lee (Date of Birth 07/03/1939)**

This response comprises the formal response of Surrey & Sussex Healthcare NHS Trust (the Trust), pursuant to section 7(2) to schedule 5 of the Coroners and Justice Act 2009 and Regulation 29 Coroners (Investigations) Regulations 2013, to the issues raised in the Regulation 28 Report to Prevent Future Deaths, dated 29 September 2023, made subsequent to the inquest into the death of Mr Nickols, which was concluded on 20 November 2023.

The Trust was given until 31 January 2024 to respond to the coroner, pursuant to Regulation 29(5) Coroners (Investigations) Regulations 2013. I am very sorry for the delay in providing this response to you, it has been an exceptionally busy period in the Trust and our focus has been directed to our patients and their safe care.

We would like to start this response by offering our sincere condolences to Mr Lee's family for their loss. The Trust accepts fully the findings of H M Coroner, and that there was failure to follow the SALT recommendations to closely monitor Mr Lee whilst he was eating and drinking, and to check his mouth after eating for items of food or debris. We are truly sorry that Mr Lee died as a result of choking on food that he had retained in his mouth, and we accept that had the SALT recommendations been followed, then Mr Lee would not have died when he did.

The Prevention of Future Deaths report identifies the following area of concern, and we address this in the response, with details of the actions that we have undertaken

and those that we plan to undertake, along with the details of the improvement to date that have already resulted from these actions in the appended Action Plan.

The Court is therefore concerned that there is a risk that dementia patients are not receiving mouth care on each occasion that they eat and that this presents a risk of future deaths.

I asked [REDACTED], Consultant Admiral Nurse for Dementia to review the care dementia patients receive specifically in relation to mouth care when eating and to include their dietary and swallow assessments from the time of their admission. The review included expertise from [REDACTED], Mouthcare Lead; [REDACTED], Clinical Lead for Speech and Language Therapy [SALT]; and [REDACTED], Chief Nurse Informatics Officer.

As a result of the review, the Trust identified eight actions to enhance the patient's care pathway, and ensure risks are identified and measures put in place to help prevent and safeguard a dementia patients' risk when eating. We intend to keep the focus on improving dementia patients care and the actions detailed below will achieve this.

To ensure patients, receive harm free and high quality nutritional care, it is vital that those patients at risk are identified and placed on the correct care plan in a timely manner. This will be achieved through the effective use of screening tools and enhancing staff knowledge.

The Trust will create a Food Strategy Nutrition Steering Group which will advise the Trust on all aspects of nutrition from food provision through to intravenous nutrition support. This group will monitor numbers and trends in incidents and ensure action plans are followed through; it will seek assurance of the nutrition and hydration elements of harm free care within the Trust and provide assurance to the Board via the Quality Committee by the Chair of Nutrition Steering Group. This will ensure that the Trust's systems in relation to both food and investigations are safe.

A strategy document will also be created in the coming year which sets out how the Trust will ensure that it provides safe, high quality nutritional care for all, over the next 3 years.

Yours sincerely

[REDACTED]
[REDACTED]
Chief Medical Officer
Surrey and Sussex Healthcare NHS Trust.

Enc. Action Plan

Action Plan Lead		██████████ (Consultant Nurse Dementia)		Implementation Ownership Oral Nutrition and Hydration Group		Monitoring will occur via Clinical Effectiveness Committee and progress will be reported to Quality Committee and Safety and Quality Committee	
No:	Recommendation / Issue to be addressed:	Action(s) to be taken:		Action owner: (job title)	Deadline for Action:	Expected Improvement/ Success Measures:	AUDIT RESULTS / EVIDENCE
		Action Category	Action (SMART)				
1.	<u>Initial assessment</u> On and during the admission staff must record concerns regarding swallowing difficulties from patient observations/report from patient/family/carers and make referral for full assessment by Speech and Language Therapy.	Preventative	Ensure where concerns regarding a patient swallow is identified a referral is made to hospital Speech and language therapy service.	██████████	Feb 2024 Re-audit June 2024	Spot audit of current inpatients with dementia, has swallowing concerns been highlighted, has a referral to Speech and Language been made, has patient been assessed and recommendations made by SALT.	Any swallowing concerns appropriately identified/ Appropriate referrals made from ward, Referral picked up and seen by SALT in a timely Feedback to the wards/clinical areas if any issues or new learning identified and using
2.	<u>Patient identification/visual cues</u> Where a patient has been assessed at risk from aspiration of food/fluid due to swallowing difficulties associate with dysphagia a clear plan is available on how to support the patient.	Preventative	Feeding plan and swallow strategies are clearly displayed by bed side of patient assessed at being at risk . New staff/ Agency/bank staff made aware during ward induction of patients with dysphagia swallowing needs	██████████	Feb 2024 Re-audit June 2024	Spot audit in clinical areas to ensure that patients identified at risk of swallowing due to dysphagia. That swallow plans are clearly visible in hand over document and on patients' bed	Clinical Audit and quality improvement methodology to be used to drive improvement until audit standards are met. Audit tool used and feedback to clinical area team of concerns and good practice.

	To ensure that this is communicated and documented at ward handovers/ huddles.						
3.	<u>Mouth care matters on Cerner</u> Review mouthcare documentation on Cerner with the electronic patient record team.	Corrective	Mouth care Review and recommend changes to electronic recording of mouth care matters on Cerner. This will include Initial assessment to establish base line.	[REDACTED]	June 2024	Improved recording of mouth care matters on Cerner	Correct Cerner documentation in place and staff aware of where to record mouth care
4	<u>Mouth care matters</u> Staff complete mouthcare sections correctly on Cerner Mouth care recommendation for patients who have been identified as a swallowing risk due to dysphagia	Directive	Mouth care Nurse rounding section (Asist with food/fluid/mouthcare) Record if assistance offered and accepted, declined etc	[REDACTED]	Dec 2024 (dependent on Cerner being updated)	Improved recording of mouthcare assessment and provides evidence that mouthcare needs have been met.	Complete audit of use of Mouth care recording on Cerner of patients with dysphagia (from Cerner list of patients with Dysphagia)
5.	SALT to continue with Swallow awareness training rolling programme across wards	Preventative	Promote increased awareness of swallowing difficulties and SALT strategies with supporting patients identified with swallowing difficulties	[REDACTED] and SALT team	April 2024	Audit how many wards have undertaken training Improved staff knowledge and awareness of dysphagia	Feedback to Matrons wards that have participated in training and identify areas that need refresh training. Gain feedback from staff by through use of staff survey to measure success of training.

						Diary rolling programme of training across clinical areas	
6.	Swallow awareness event "Remember Dysphagia" Nutrition awareness 11- 17 March and swallow awareness day nutrition week March 2024	Preventative	Promote swallow awareness as part of swallow awareness day "Remember Dysphagia"	██████████ and SALT team	March 2024	Events and commutation (infographics etc) will be available as part of swallowing awareness day Improved staff and general population knowledge and awareness of dysphagia	Materials produced , information stand. Internal and external communications promoting Dysphagia awareness. Carry out staff survey to measure success of event.
7.	Review Meal time policy (Oral Nutrition and Hydration policy)	Preventative	Review Meal time policy to ensure it reflects current practice	██████████ (Clinical lead for dietetics)	March 2024	Updated policy improving the importance of protective meal times, Patients receive a better meal time experience	Updated policy, Evidence from PLACE Audit
8.	Red Tray guidance relaunch (policy being updated) discussed at nutrition steering group.	Preventative	As part of Meal time policy review use of red trays for all patients with additional needs and requiring extra attention when eating, or need foods that have a modified texture.	██████████ (Clinical lead for dietetics) Matrons ward staff	March 2024	Raised staff awareness about use of red trays. Spot audit of use to ensure red trays are being used appropriately	Evidence from audit and feedback to ward staff and matrons. Review evidence from PLACE Audit