

**Karen James**

Chief Executive Officer  
Tameside and Glossop Integrated Care NHS Foundation Trust  
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Lancashire OL6 9RW

26 June 2024

**Strictly Private and Confidential**

**FAO Ms Mutch**

HM Coroner  
Coroner's Court  
1 Mount Tabor Street  
Stockport  
Cheshire  
SK1 3AG

Dear Ms Mutch

I am writing further to the inquest regarding the death of Mr Jordan Howarth (who died on 6<sup>th</sup> April 2024) which concluded on 20<sup>th</sup> March 2024 and the subsequent Regulation 28 Notice issued to the Trust. I hope to set out below my response in terms of what we are already doing and what we plan to do in relation to your concerns.

You expressed concerns around the joint approach to Mr Howarth's care from both the microbiologist and the consultant physician, specifically around the decision to withhold antibiotics. There were concerns around the documentation from the Intensive Care Unit (ICU) Consultant, setting out/not setting out their rationale, specifically no discussions between the medical consultant and the ICU consultant within the medical notes. You were also concerned that the Trusts' policy around NEWS2 escalation had not been followed and that despite complexities with Mr Howarth's treatment, there was no evidence of a multi-disciplinary discussion/approach and it was unclear who was responsible for his continuity of care. I aim to take these concerns in turn to provide you with a detailed update on the Trusts' progress.

- **The joint approach to Mr Howarth's care from both the microbiologist and the consultant physician, specifically around the decision to withhold antibiotics.**

In response to this particular point the ICU team have updated and amended the daily review chart to include a specific section for microbiology input. All patients on ITU are

reviewed daily by the Microbiology Team, with a middle grade doctor in attendance to document and update the daily review chart. The attendance of the microbiologist on the ICU enables real time multidisciplinary discussions to take place and for any decisions to be recorded. The completion of the updated documentation will be audited to ensure that this is being completed. The audit has been planned with the Trust's audit team and will form part of the local audit program for the ITU team.

In addition to the actions taken by the ITU the Microbiology Team have also reviewed their processes. The Microbiology Team currently complete daily ward rounds across the organisations, Monday to Friday. This clinical activity is already part of the Microbiology Team's job plan for each week. In the event that a clinician is not present to discuss a patient at the time of review from Microbiology, Microbiology have introduced a sticker that is placed in a patients notes to alert medical staff to the management plan. Microbiology have given assurance that anti-biotics will not be stopped until the blood culture results are available, management advice for bacterium identified from blood cultures is left in the patient notes alongside the anti-biotic plan. To further support clinical teams in accessing Microbiology advice the team are also available to provide support and guidance to clinical colleagues over the phone.

- **The documentation from the ICU consultant setting out/not setting out their rationale, specifically no discussions between the medical consultant and the ICU consultant within the medical notes**

As you will know, the first phase of Martha's Rule has been implemented across 100 NHS sites from April 2024. The purpose of this is so that patients, families, carers and staff will have round the clock access to a rapid review from a separate care team if they are worried about a persons' condition/deterioration. Martha's Rule will build on the evaluation of NHS England's Worry and Concern Improvement Collaborative and involves encouraging staff, patients', families and carers to escalate their concerns around patient deterioration. Martha's Rule is one of a series of measures implemented to improve the way Trusts' identify and document a decline in a persons' condition.

Martha's rule has 3 components:

1. All staff in NHS Trusts must have 24/7 access to a rapid review from a critical care outreach team, who they can contact should they have concerns about a patient.
2. All patients, their families, carers, and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the Hospital, and more widely if they are worried about the patient's condition.
3. The NHS must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance, this will cover all inpatients in acute and specialist Trusts.

NHS England has asked Trusts nationally to submit expressions of interest for the first phase of the implementation plan. As such Tameside & Glossop Integrated Care NHS Foundation Trust (TGICFT) submitted their expression of interest which has been successful. As one of the selected pilot sites for the first phase of the implementation, the Trust is developing a suite of information leaflets and posters to publicise to patients, staff, carers and families the mobile number that will sit with the Critical Care Outreach Team to respond to. The Trust is working under the direction of NHS England and the anticipated launch date is September 2024.

In addition to the Matha's rule implementation plan, TGICFT have introduced a new process. The process supports members of the Critical Care Outreach Team, including the Outreach Specialty Doctor to access an alternative opinion from an Intensive Care Doctor should they have an unresolved concern or worry about a patient. Please see attached a copy of the standard operating procedure (SOP) for your consideration.

As a direct result of this case the Trust implemented an immediate response as part of the Trust's sepsis quality improvement project. The response was that a training and poster campaign describing "Think Sepsis / Think Outreach" as well as running a number of sepsis training. Sepsis is also now incorporated into the Outreach education day and this is available to all Trust staff. Please see attached a copy of that poster.

The Trust has an established Critical Care Outreach Team which is comprised of a number of highly skilled and experienced critical care nursing colleagues. The service is available on 24 hours, seven days a week basis. In addition to this, the Trust implement MERIT (Medical Emergency and Rapid Intubation Team) as part of its response to the Covid-19 pandemic. Although the Trust, like others nationally have stood down many of the supportive measures implemented in response to the pandemic, the organisation has continued with the MERIT Team. The MERIT Team is staffed by senior anaesthetic colleagues including consultant level from 08:30 to 18:00, and from 18:00 to 08:30 this is staffed by a middle grade anaesthetist. MERIT is also available 24 hour, seven days a week basis. This is in addition to the medical staff who support/advise and give guidance.

- **The Trusts' policy around NEWS2 escalation had not been followed**

The NEWS2 is the latest version of the National Early Warning Score (NEWS), first produced in 2012 by NHSE and updated in December 2017. It advocates a system to standardise the assessment and response to acute illness.

In December 2018, the Trust implemented the NEWS2 chart and an associated escalation document. There are ongoing Trust wide audits which measure compliance with the guidance. These are undertaken on a weekly basis with action being taken to address areas of concern. The aim of the audits are to ensure that observations are undertaken as per NEWS2 guidelines, to identify areas of practice that can be improved in relation to identifying and managing the deteriorating patient, to reinforce

the importance of an accurate track and trigger score and to highlight the need of timely escalation of the deteriorating patient.

The Trust also completes bi-annual NEWS2 audits every April and October. During April 2024, the NEWS2 Observation Charts of a random sample of ten patients (or less) per ward were reviewed by the Critical Care Outreach Practitioners. Patients from 14 wards were included in the sample and all patients had been on the ward for a minimum of 48 hours (24 hours for the Acute Medical Unit (AMU)).

As a result of the annual audit in April 2024, several recommendations were made:

- Ward Managers/matrons to take urgent action where compliance is below 90% this is monitored via exception reports within each clinical division.
- Ward Managers to continue weekly NEWS2 compliance spot checks and provide feedback to staff, as appropriate.
- Ward Managers to monitor NEWS2 e-learning training compliance.
- NEWS2 training to remain essential e-learning for all clinical staff Band 3 and above.
- Continue to include NEWS2 in the Acute Illness Management Programme (AIM) and Outreach refresher training.
- Outreach deliver a deteriorating patient study day, which now incorporates sepsis, this was implemented in 2023 following the learning from this case.
- Implementation of an Electronic NEWS2 recording and scoring system to be progressed
- Audit results and action to be monitored by the Managing Deteriorating Patient Group

The Trust also reviews NEWS2 as part of the ward accreditation program and the monthly ward audits, which include escalation of NEWS2 and if NEWS2 has been scored correctly. The results of these audits are monitored and discussed at the Sepsis Improvement Board which is chaired by the Associate Medical Director and this is held monthly.

The Trust has agreed a business case to purchase an electronic NEWS monitoring system, this is anticipated to be implemented in 2025. The Trust have also added sepsis electronic icons on each ward whiteboard to easily identify those patients who have sepsis.

To further support training in relation to sepsis, the Trust introduced sepsis simulation training in July 2023, since then there have been 8 sessions held with further dates booked. To date 107 multidisciplinary candidates have attended from across all divisions. The Education and Training Team are currently in discussions to make the sepsis simulation mandatory for all staff to attend yearly. Further to this the Acute

Illness Management (AIM) course includes a workshop specifically focused on sepsis. AIM is a blend of lectures, workshops and simulated learning that embed the ABCDE approach to assessment and management of the patient with deteriorating illness. In the last 6 months 104 members of staff have attended the AIM course.

- **Despite complexities with Mr Howarth's treatment, there was no evidence of a multi-disciplinary discussion/approach and it was unclear who was responsible for his continuity of care**

The Trust follow the General Medical Council (GMC) guidance that supports the recommendation, that every patient admitted to hospital will have a named, identifiable clinician assigned to them. This will help to make sure care is properly coordinated. Mr Howarth's care was reviewed by several consultants during his admission: ISGU [REDACTED] each discussed and referred this gentleman's care to other specialisms as required.

The Trust adhere to the GMC guidance and all patients are appointed a consultant on admission. The consultant's name is inputted onto the electronic patient record system (Lorenzo), this triangulates with the ward patient safety board that identifies the consultant appointed for the patients care. The medical ward that Mr Howarth was admitted to, have described their process in that all patients are appointed a consultant on admission. Should this not happen it would be identified at the daily ward board round as the electronic board identifies the patient with corresponding consultant. If the electronic board does not identify a consultant to a patient is it rectified immediately. It is the responsibility of the consultant appointed on admission to coordinate all MDT discussions and document any discussions and decisions made.

- **Documentation**

Documentation is revisited at the Trust on a regular basis at the bi-monthly Medicine and Urgent Care Divisional Meeting as well as the Surgery, Women's and Children's Divisional Meeting. Legal Services also contribute to these meetings in relation to the learning from inquests and it is an area the Trust are continuing to monitor and develop. The importance of documentation has been reiterated at the Medicine and Urgent Care, Patient and Staff, Quality and Safety Forum (PASQASF) and the Surgery, Women and Children's Patient and Staff, Quality & Safety Forum (PASQASF) the on 16<sup>th</sup> May 2024.

To strengthen the documentation from ITU and Critical Care Outreach, the team have developed a stamp to evidence NEWS2 escalation and these stamps are also used by AMU nursing staff. The Trust is reviewing the need for issuing of these stamps across all staff members. The stamp is used in conjunction with the completion of the NEWS2 charts. NEWS2 training forms part of the Trust's induction process and the

Critical Care Outreach Team conduct case studies as part of that induction/training. In addition to the stamp, all nursing staff have been reminded that a deteriorating patient does not need to be scoring a NEWS2 of 5 and that any deteriorating patient, regardless of NEWS2 score, should be escalated to the Nurse in charge (NIC). As mentioned above, the Trust also reviews NEWS2 as part of the ward accreditation program and the monthly ward audits and the results of these audits are monitored and discussed at the Sepsis Improvement Board. Furthermore, the Critical Care Outreach team now document within the patients' medical records rather than the nursing documentation. This ensures that all members of the multidisciplinary team can access all information at any time rather than looking through different documents.

I hope this response has provided assurance that the Trust has taken your comments and concerns seriously and action taken to minimise the risk of such an event occurring again. Should you require any further information, please do not hesitate to contact me through the Legal Services Team on [REDACTED]

Yours sincerely,

[REDACTED]

**Medical Director**

**On behalf of Karen James (Chief Executive Officer)  
Tameside and Glossop Integrated Care NHS Foundation Trust**