

Chief Executive's Office
NHS Southwest London Integrated Care Board
120 The Broadway
London
SW19 1RH
9th June 2026

Mrs Lydia Brown
HM Senior Coroner
West London

Dear Madam

Ref: Response to Prevention of Future Deaths Report concerning the death of Jake Daniel Taylor

Thank you for your Prevention of Future Deaths (PFD) Report issued on 8 May 2026. We acknowledge the concerns you have raised and extend our sincere condolences to Jake's family and all those affected by his death.

As the commissioning organisation responsible for securing high-quality, safe and effective services for individuals with complex health needs, the ICB has carefully reviewed the matters identified in your report. We recognise the seriousness of the concerns raised and are committed to ensuring that lessons are learned and appropriate actions are taken to reduce the risk of similar circumstances occurring in the future.

Following Jake's tragic death and receipt of your report, the ICB took immediate action, including obtaining comprehensive assurance from the provider regarding emergency preparedness arrangements, the availability of emergency equipment, and staff training. A summary of the assurance received from the provider is set out in Section A of Appendix 1.

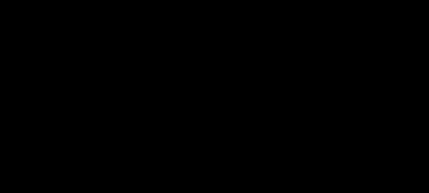
The ICB also agrees with the coroner's observation that similar circumstances could potentially arise in other services caring for individuals with complex and life-limiting health conditions. We have identified other individuals with needs similar to Jake's for whom we commission services and have undertaken relevant checks whilst seeking further assurance from providers. We are also developing plans to share learning more widely across the system. A summary of the additional assurance being sought from existing providers is included in Section B of Appendix 1.

As the ICB transitions into its strategic commissioning role, we will continue to consider longer term actions to strengthen existing processes. This will include addressing challenges associated with the limited market and availability of providers for complex care services, which remain significant issues both regionally and nationally. We will also review contractual arrangements and explore opportunities to standardise quality oversight arrangements across commissioned services.

We trust that this response provides assurance that the concerns identified are being addressed through both immediate actions and longer-term system-wide improvements. We remain committed to working collaboratively with providers, clinicians, families and

regulatory partners to enhance the safety and quality of care provided to vulnerable individuals.

Sincerely



Interim Chief Nursing Officer
Southwest London ICB

Appendix 1: Summary Actions taken by ICB following learning

Section A: Assurance provided to ICB by Choice Support

Organisational learning and actions taken

- Reviewed and updated First Aid Policy in line with national guidance, Resuscitation Council UK updates.
- Clarified emergency response expectations within a residential nursing care setting, including timely escalation to emergency services and delivery of basic life support.
- Strengthened training, competency assessment and guidance for staff, including additional focus on complex body types.
- Implemented structured, individualised first aid and emergency response planning through multidisciplinary team and best interests' processes (This is still underway at Roy Kinnear House as the progress varies for each individual supported at the house.
- Reviewed equipment provision at Roy Kinnear House, confirming that monitoring equipment supports observation, escalation and decision making, with clinical equipment such as oxygen and suctioning available only where prescribed and documented in care plans.
- Plans to install an AED at Roy Kinnear House, following consideration on training and maintenance. Risk assess residential care services across Choice Support, in considering a need for an AED at locations.
- Strengthen early communication with commissioners, families and representatives so expectations about emergency response and limits of provision are explicitly understood from assessment onwards

Section B: Additional assurance/ actions by ICB

ICB has undertaken the following (completed on ongoing)

- Identified other residents with such complex needs who we are commissioning services for, and we have undertaken relevant checks and obtaining assurance with plans to share learning wider across the system
- Created the following additional assurance checklist to be shared with identified providers as a priority (this is still ongoing)

a. Emergency Planning for Foreseeable Medical Emergencies

All commissioned providers supporting individuals with identified high-risk health conditions to undertake a review of their emergency preparedness arrangements. This will include:

- Development and implementation of individualised emergency response plans for service users with recognised high-tier clinical needs and life-threatening risk profiles.
- Ensuring that emergency plans clearly describe foreseeable clinical emergencies, early warning signs, escalation pathways, emergency treatment requirements and resuscitation status.
- Confirmation that emergency care plans are developed in partnership with relevant clinicians, families and advocates where appropriate.
- Introduction of a review process to ensure plans remain current and are reviewed following significant clinical events, changes in condition or at least annually.

b. Resuscitation Training and Understanding of CPR Requirements

All commissioned providers will be required to:

- Review and strengthen mandatory life support training programmes.
- Ensure all relevant staff receive training on legal and professional responsibilities relating to resuscitation decisions, including the requirement to commence CPR unless a valid and documented advance decision or DNACPR recommendation is in place.
- Implement regular competency assessments and practical scenario-based training.
- Maintain auditable records of staff compliance with training requirements.

c. Availability and Use of Defibrillators

All commissioned providers will be required to:

- Undertake a risk assessment of all services supporting individuals with complex health needs to determine the need for automated external defibrillators (AEDs).
- Ensure that services identified as requiring AED provision have appropriate equipment available and maintained.
- Provide practical training to staff regarding the function, operation and limitations of AEDs.
- Establish routine checks and governance arrangements to ensure equipment remains available and operational.

d. Airway Management Training and Equipment

All commissioned providers to:

- Review emergency equipment provision against the assessed needs of service users.
- Ensure registered nurses maintain competencies appropriate to the clinical needs of the individuals they support.
- Review training requirements relating to airway management and emergency response for both registered and unregistered staff.
- Ensure appropriate emergency airway equipment is available where clinically indicated and that staff are trained in its use.

Progress of compliance on the above areas to be shared with ICB CHC case manager and quality team.

- As the ICB transitions into its new role of strategic commissioning we will continue to explore more long-term actions to strengthen existing processes to include managing the limited market and choice of provider for complex care (which is a challenge regionally and nationally), contractual arrangements and standardising quality oversight.

Appendix 2: Matters of Concerns (section 10 from PfD document)

The MATTERS OF CONCERN are as follows:

- No planning for this foreseeable emergency. Inadequate staff training (to always conduct CPR if no decision to the contrary)
- No defibrillator on site and staff misunderstanding of the function of a defibrillator.
- No airway training and equipment although Registered Nursing staff have this within their competencies.

I consider that individual emergency planning for those service users with recognised high tier needs and life-threatening risk profiles is essential to ensure best possible outcomes and care tailored to their needs.

Medical emergencies in this cohort of patients are predictable but are likely to happen suddenly and unexpectedly. In this case the staff were not able to respond and their evidence to the court demonstrated that they felt unprepared and uncertain about what to do. This is a situation that could be replicated throughout the services that care for individuals such as Jake.

Those commissioning the services should consider if the individual emergency care planning is comprehensive and complete and reviewed where appropriate.