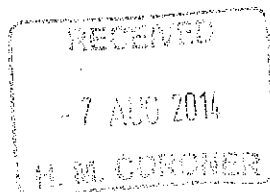


David Allison
Chief Executive

Chief Executive's Office
Trust Headquarters
Arrowe Park Hospital
Arrowe Park Road
Upton
CH49 5PF

Tel: [REDACTED]

Mr A Wilson
Assistant Coroner – Wirral
St George's Hall
St George's Place
Liverpool
L1 1JJ



1 August 2014

Dear Mr Wilson

Regulation 28 Report issued on 10th June 2014 following inquest into the death of James McArdle

Thank you for your report to prevent future deaths, dated 10th June. As directed by the report, I am writing to respond to the concerns which you expressed.

The report stated that, *"whatever the thinking as regards the merits of the coloured wrist band system, the system has been withdrawn and not replaced, and in the process a level of protection against elderly patients at risk of falling from suffering a fall has been removed. I am concerned that unless a review is undertaken and some new measures introduced, then patients such as the Deceased may be at heightened risk of falls and future deaths may result"*.

In 2007, the National Patient Safety Agency (NPSA) issued guidance to NHS Trusts on the subject of patient identity wristbands (Safer Practice Notice no. 24, published 3.7.07). Safer Practice Notices are not legally binding, but Trusts are 'strongly advised' to implement them. The NPSA advised that wristbands should be white, and contain the patient's first name, last name, date of birth, and NHS number. However, where Trusts wanted to identify a known risk specific to that patient, a red wristband could be used, with a white panel to highlight the text. Red was the only colour permissible.

Previously in this Trust, the red wristbands were used to denote a number of risk factors including falls, allergies, blood transfusion risks and implanted defibrillators. This meant that in some wards, particularly those with more elderly patients, the majority of patients would

have one or more of these risk factors and would therefore be wearing red wristbands. The result was that the red wristband lost its impact. In October 2013 the Trust's Clinical Governance Group resolved that red wristbands should be used to denote allergies only. This decision was influenced by a number of serious incidents, including one where a patient was prescribed and given a medicine to which they were known to be allergic. This change of procedure was communicated to Trust staff by means of an internal safety alert in November 2013.

Potentially every patient is at risk of falling and thus all inpatients are assessed for their risk of falling on admission. This risk assessment has to be repeated if they later suffer a fall in the hospital. Depending on the patient's level of risk and their individual circumstances, different measures will be used, such as stockings with extra grip, or bed rails. Such measures have proven to be more effective than placing a red wristband on the patient's arm.

In recent years the Trust has done a great deal of work to reduce the number of falls in our hospitals. Not all falls are preventable, but we aim to minimise the number of falls and the harm caused. In the last financial year (April 2013-March 2014), we set a target for ourselves to reduce by 50% cases of preventable falls resulting in serious harm or death. We achieved this target and during the year there was an overall reduction in all falls, both with and without harm.

A number of different initiatives contributed to this improvement. For example, in a number of medical and older peoples' wards, we have implemented new assisted technology which alerts nurses when a patient tries to stand up or walk around. We have also improved how we complete comfort checks for patients, and events such as the Falls Summit, which took place in March 2014, have helped to ensure that our nurses are aware of best practice. This work formed part of Safety Express, a nationwide programme to improve patient safety in the NHS.

Although we have made progress, this sad case reminds us that there is more to do. In April this year, your colleague [REDACTED] issued a report in relation to a case at Arrowe Park Hospital which involved an unwitnessed fall. As part of our response to that report, we revisited our Trust Policy on the Prevention of Slips, Trips and Falls. This covers falls by patients, but also falls by employees or visitors. We are now developing a separate policy which will be specific to patient falls. It will provide clearer guidance about how risk assessments should be completed, and the timescales for doing so, thus making staff more accountable. The work is being led by an experienced Matron from our Acute and Medical Specialties Division.

When the new policy is adopted, the revised process will be communicated to nursing staff by a variety of means including Ward Sisters' meetings and our weekly Trust-wide e-mail newsletter. Completion of falls risk assessments is monitored as part of our Nursing and Midwifery Patient Focused Audit, which is ongoing throughout the year. The audit

questionnaire will be revised to take account of the requirements of the new policy. This will allow us to check that the requirements are being met and to take prompt action if they are not.

I hope that this letter provides assurance regarding how we manage the risk of patients suffering a fall, and identify those who are at risk. Please do not hesitate to contact me if you have any further questions regarding this case.

Yours sincerely



David Allison
Chief Executive