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21 AUG 2014
H. M. CORONER

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19th August 2014

A J Cox
 Assistant Coroner
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Dear Andrew

Re: REGULATION 28: REPORT TO PREVENT FUTURE DEATHS – A Daws (deceased)

I am writing to formally respond on behalf of Plymouth Hospitals NHS Trust following receipt of your Regulation 28 report in respect of the Audrey Daws' inquest. Your report highlighted specific issues with regard to patient handover arrangements and delays in radiography for admissions into the Emergency Department.

Patient Handover

We have made a number of changes to the handover process, both in relation to medical and nursing procedures. Whilst these professional processes are complimentary, I have summarised the key aspects of each of these areas below.

Nursing Handover

- A new handover record has been introduced, which captures outstanding nursing issues, which would include outstanding tests and assessments of risk, including the risk of falls, skin damage and cognitive impairments.
- Patients are not moved off the MAU at night, unless under extreme circumstances.
- Each ward has a plan for every patient (this involves a whiteboard with a clear plan of daily investigations together with the tests ordered and expected for each patient, which can be tracked by nursing and medical staff). A second board, which includes tests or treatment which are urgent for the on-call doctors is evident by the nurses station. The plans for each patient are discussed on a daily basis with nursing and medical staff.
- There is a daily handover sheet amongst the nursing teams to ensure that the summary of plan for each patient is communicated to all staff.

Medical Handover

- There is a full handover of every patient on the MAU with outstanding tests – no patient is transferred until all tests have been reviewed and there has been a verbal and written handover to the receiving team on the ward.
- All patients with chest pain are now radiographed on the way to the MAU, rather than the test being requested on the MAU and the patient having to return to the Emergency Department for the test.
- There are now formal shift handovers for every on-call team, both within the week and weekend, which manage the transfer of information between shifts and identify outstanding tests and cases of concern.
- The level of 7 day cover at senior level on the acute wards has increased, particularly within acute medicine, and most of the acute medical wards now have Consultant led weekend ward rounds. This has only been the case for the last 12 months. The acuity of this Consultant supervision is increasing. This change will, I am ensure, improve patient safety and support effective clinical decision-making.

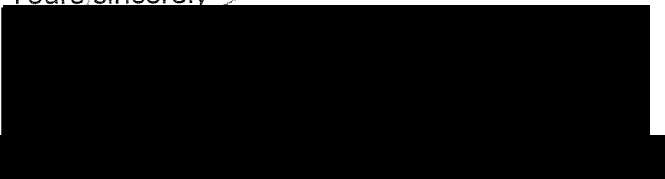
Radiography Delays

Within the last 18 months, we have established strict standards which define a level of expectation for the performance of tests requested by various services. In relation to the MAU, there is a 4 hour standard which is monitored monthly – this shows that there is currently a median delay of 2 hours between request and performance of the examination. It is also worth noting that a significant number of tests are performed in less than an hour, with very few at 4 hours and no extreme outliers over the last year. In relation to patients on the ward, there is a 24 hour standard. Irrespective of either of these standards, any patient can be identified as urgent and the examination expedited by telephone or personal communication with the inpatient radiographic team.

As indicated previously, many of the patients have their radiographs in transition between the Emergency Department and MAU. There is no delay in these patients receiving their radiograph whatsoever and these patients have been excluded from the data, which would in effect reduce the median time, were they to be included. With regard to patients being requested for radiograph that might have their examinations overnight I have asked that these examinations be performed irrespective of whether or not the patient is sleeping, on account of the fact that these patients may have been administered opiates.

All of the improvements outlined in this letter have been implemented over the last 12 months in an attempt to improve communication and safety in relation to patient processes and transfers within the hospital. I trust this response provides you with sufficient assurance that we are taking appropriate action to prevent any harm coming to our patients. However, please do not hesitate to contact me if you have any queries or if you require any further information.

Yours sincerely



Medical Director