Portsmouth Hospitals NHS

NHS Trust

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PRIVATE & CONFIDENTIAL

Mr D C Horsley LLB, Solicitor
Her Majesty's Coroner for Portsmouth and South East Hampshire
Coroner's Officer
The Guildhall
Guildhall Square
Portsmouth
PO1 2AB

19 January 2014

Our ref:

(Please quote our ref in all correspondence)

Dear Mr Horsley

Regulation 28 Report regarding Mr Stephen Mayoll deceased

I refer to your Regulation 28 Report of 25 November 2014 which the Trust has considered carefully. I am pleased to be able to set out below the actions which we are intending to take to ensure that everything possible is done to prevent future cases such as Mr Mayoll's.

- Patients who return to the fracture clinic with lower limb injuries as "in trouble" or for routine review, will have a reassessment of their risk factors for VTE each time they attend, the result of which will be considered by the doctor reviewing them. This will be documented via the normal route on a plaster room "in trouble" form which is currently being updated and will include the recommendations which arose from the inquest relating to VTE assessment.
- 2a. We will ensure that the review by the plaster technicians will be recorded, signed and correctly dated and then scanned and saved by "Windip" (an electronic storage system) so that if the patient returns again, the information is available for the health care professional to view and follow the decision making and treatment plan from the previous visit. The scanner required for this to take place is currently on order.
- 2b. An "in trouble" patient reviewed by the Consultant will have the notes dictated that day and then typed up by the Orthopaedic secretaries and the aim is for them to be typed within 24-hours. We are exploring IT solutions as well but this is the interim solution. The current EPRO system (a digital dictation system) involves the notes being typed up by agency staff and, possibly, in the future, outside agencies and it is anticipated that the normal typing turnaround will be at 48-hours by the end of March which is still not quick enough to ensure that information is available for a Consultant reviewing a returning patient. However, there is the ability through EPRO to gain access to the tapes but the Consultants can listen to the recording if the typed notes are not available. This is being fed back at the next consultants' meeting, by way of reminder.

I hope that the above plan addresses your concerns but of course please contact me again if you require any further clarification or information.

Yours sincerely

Ursula Ward MSc MA Chief Executive