

GROUP OF COMPANIES

Your reference:

Mr Andrew Bridgman Assistant Coroner Coroners Court 1 Mount Tabor Street Stockport, SK1 3AG

By email and by post

10 July 2015

Dear Mr Bridgman

Re. Miss Sara Jane Green (deceased)

I write to you in response to the Regulation 28 Report to Prevent Future Deaths (**PFD**) and the cover letter dated Friday, 15 May 2015 that you issued following the Inquest Touching the Death of Miss Sara Green.

You have asked that "action is taken to develop a system, and to ensure its operation, such that the making of medical records complies with the General Medical Council Guidelines: 'You should make records at the same time as the events you are recording or as soon as possible afterwards' which could not possibly be more than 2-3 hours following a consultation and certainly before the medical practitioner concerned leaves the hospital."

Current practice

I am advised that, as a general rule, the majority of our medical staff at our Healthcare Division sites do in fact take steps to ensure that clinical records are completed during or very soon after the patient consultation. Staff recognise that this is good practice and helps to minimise the risk of relevant information not being passed on and ensures a consistent approach towards the service user's care and treatment. However, we accept that at Cheadle, certain staff were not adhering to this practice and as a learning organisation, we have reflected on your concerns and have taken the following steps to improve the making of medical notes during or shortly after consultations.

Actions

Communications

Prior to receipt of your PFD report and based on your comments at the inquest, on Tuesday, 12 May 2015 our Group Medical Director, wrote to the Hospital Medical Directors at all 42 of the Priory Group Healthcare Division hospitals reminding them of the requirement to ensure that service user records were completed during the course of ward rounds, Care Programme Approach review meetings and multi-disciplinary team meetings.

This was followed up on Monday, 18 May 2015 by a formal directive from the Healthcare Division Chief Operations Officer, to all senior managerial staff reminding them of the requirement to ensure contemporaneous record keeping during the course of ward rounds, Care Programme Approach review meetings and multi-disciplinary team meetings.



At the Healthcare Medical Directors' Meeting held on Tuesday, 30 June 2015, staff were further reminded by Group Director of Safety, of the need to ensure contemporaneous record keeping including in relation to ward rounds, Care Programme Approach review meetings, multi-disciplinary team meetings, individual one-to-one consultations and assessments. A context was given for the directive and those present were reminded of the General Medical Council guidelines.

I should add that during the meeting on 30 June 2015, aspects of good practice were identified and shared. An example of good practice was raised by one of the Medical Directors who told her colleagues of the efficiencies and positive experiences found in response to the clinical record being projected on to a screen and completed with the active involvement of the service user and the multi-disciplinary team during the meeting itself. This action enables the service user to see what is being recorded and thus helps to promote insight and his/her involvement in their care. We will consider how this practice can be rolled out across the Healthcare Division in appropriate cases.

Assistive Technology

In light of your concerns, we have been reviewing how we can use information technology to enable clinicians and others to update medical records more quickly. As a starting point, tests have been carried out in relation to wi-fi capability, efficiency and security in those clinical meeting rooms across the Healthcare Division where the absence of fixed computer equipment prevents staff updating contemporaneous records during the consultation or shortly afterwards. The purpose of this is to facilitate the use of tablet computers by staff in these rooms. Where connectivity problems were identified these are either fully resolved or will be resolved by Wednesday, 30 September 2015.

In addition, a pilot study has been undertaken at two of our hospitals using different types of tablet computers for use in ward rounds, Care Programme Approach review meetings and multi-disciplinary team meetings. We expect the pilot to complete by the end of this month and depending on the findings and recommendations, where appropriate we will procure any additional equipment that most effectively meets the needs of our staff. We are optimistic that having access to tablet computers should enable staff to load medical records on to the Care Notes clinical record system during or shortly after a consultation. We expect this process to be completed by Wednesday, 30 September 2015. In the meantime, where the current absence of computer access prevents immediate entry of the contemporaneous records, the meetings will continue to be documented within 2-3 hours following a consultation.

Monitoring

Following the issue of your report, an entry has been made on the Healthcare Division Risk Register to ensure that the required actions are itemised and that a plan is in place to ensure that the actions are completed within the necessary timescales. The register is reviewed on a monthly basis at Healthcare Division Business Review Meetings.

We will also continue to monitor how promptly our medical staff are documenting all service user consultations on an ongoing basis. Monitoring is undertaken as part of monthly local governance and audit arrangements. Record keeping is also routinely considered as part of medical supervision and annual appraisal.



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I do hope that this response provides you with the assurance that action has already been taken to address your concerns and that there are plans in place to take further action where necessary. I will of course be happy to provide you with a further update if you feel that would be helpful.

Yours sincerely,

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Tom Riall Chief Executive Officer Priory Group