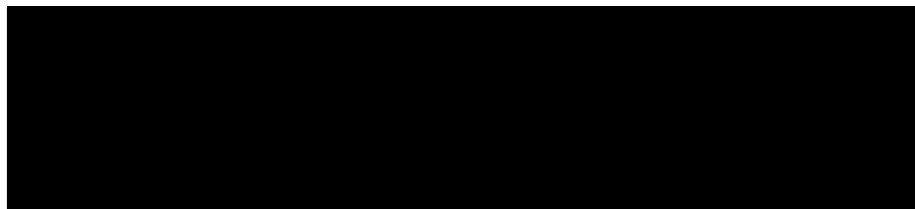


Medical Director's Office



Our Ref RJC/jj

11 May 2015

Dr E Didcock
HM Assistant Coroner for Nottinghamshire
The Council House
Old Market Square
Nottingham
NG1 2DT

Dear Dr Didcock

Re Mr Philip Robinson - D.O.B. - 5.3.1972 : D.O.D. - 26.03.2014

I am responding to the Regulation 28 Report dated 16 March 2015 sent to Mr Pinkerton, Chief Executive of Doncaster and Bassetlaw Hospitals NHS Foundation Trust. I have been assisted in my response by [REDACTED] Acute Physician & Assistant Care Group Director, [REDACTED] Matron at Bassetlaw Hospital and [REDACTED] Patient Safety Facilitator, Emergency Care Group.

I will respond to the issues raised as follows:

- **The results from audits of compliance with safe discharge arrangements using a discharge stamp, including the recording of the EWS on discharge are unsatisfactory.**

The discharge stamp was trialed and found to be unsuccessful within ATC with its high turnover of patients.

Since this incident ATC has undergone an "observations project" which included the documentation and recognition of EWS on discharge.

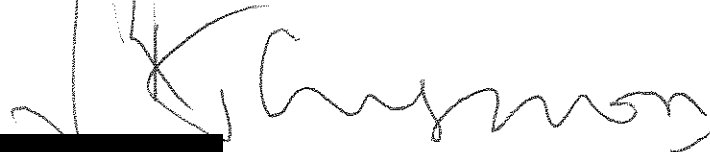
The i-Hospital white board system is due for implementation later this year. This will highlight which patients have a high EWS and the next due time of observations. On discharging a patient from the system, the system will provide the nurse with an additional opportunity to assess EWS on discharge.

- **The improved recording and communication of the EWS from Health Care assistant, to Nurse, to doctor as necessary, is not evident throughout the Hospital**
The safety brief at the end of the ward round involves the whole of the ward team including HCA's to improve communication of EWS between all the Multi-disciplinary team. The observations project has been completed and education undertaken with respect to the importance of clear communication between all members of the team. A safety brief is embedded in practice between shift change overs to improve whole team awareness of issues on the whole unit.
Audits on ATC of documentation of EWS by HCA in the notes have consistently improved, reducing the chance of verbal communication failure. Recent audits show 100% compliance with the escalation policy on ATC.
- **The medical staff involved in this Inquest do not agree with the SUI author, that an ECG was indicated during Mr Robinson's admission. There are no clear guidelines to assist medical staff with this clinical decision making when a patient presents with acute breathlessness. An audit to monitor the threshold for performing an ECG has shown this is still not reliably performed when clinically indicated**
There are no clear national guidelines to assist medical staff when ordering ECGs in patients who present with breathlessness. Acute medicine at Bassetlaw relies on early senior review by consultants. However variation in clinical judgement will occur. This incident has been communicated widely within the emergency care group by way of awareness.
- **The risk of there being no one available to provide senior medical review when a registrar is absent remains an 'extreme risk'**
This is now no longer seen as an acceptable option to leave a SHO without registrar cover out of hours. In 2015 to date there has been three occasions where no cover could be obtained. On these occasions the consultant on-call was informed and provided extra support to the SHO. The issue around senior medical staffing remains a concern within the Trust. We currently have an ongoing recruitment programme and are considering alternative ways to utilise senior staff within the trust to support this. The hospital 24/7 program is aimed at providing senior nurse practitioner cover to support the hospital out of hours. Similar hospital sites have implemented this system with good outcomes with regards patient safety.
- **The i-Hospital is not yet in place. Implementation is planned for June 2015, and there is potential for delay. Interim plans for a 'At a glance Board' are not clear, with confusion as to where the EWS will be recorded.**
The "status at a glance" board is now embedded in practice on ATC. The board shows the EWS Score and the next time observations are due to be performed. The i-Hospital program is progressing well and plans remain optimistic that it will be in place by late summer 2015.

I trust that the above will allay your concerns.

Please do not hesitate to revert back to me should you feel it necessary.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A. Chapman', written over a black redaction box.

MD. ChM. M.Ed FRCS
Deputy Medical Director - Clinical Standards

Cc [redacted] Head of Risk and Legal Services
Mike Pinkerton, Chief Executive, DBHFT
[redacted] Medical Director, DBHFT