Plymouth Hospitals NHS
NHS Trust

Dr Philip M Hughes MBBS MRCP FRCR
Medical Director and Cons. Radiologist
Chief Executive Office, Level 7
Derriford Hospital, Plymouth, Devon PL6 8DH

Tel: 01752 432559
Fax: 0845 155 8228
E-mail: [redacted]

12th November 2015

Mr A J Cox
Assistant Coroner
Plymouth, Torbay and South Devon
1 Derriford Park
Plymouth PL6 3QZ

Dear Mr Cox

Re: William John Charles HARNELL

In am responding in relation to a communication received from yourself on 22nd September 2015 relating to Mr Harnell.

The communication related to concerns arising from a recent inquest, which have been delivered to myself as the Medical Director, as part of Regulation 28, Schedule 5 of the Coroners and Justice Act 2009.

In your letter, under sections 5 and 6, you raise 3 main concerns :

1. Delay in reporting of 5 days of the original pelvic radiograph.
2. A further delay of 2 to 3 days in obtaining a second pelvic radiograph.
3. Lack of perceived clarity by ward clinicians regarding the correct pathway to be used if x-rays are inconclusive in the context of potential hip injury.

I will respond to these in order.

1. Delays in Reporting

   There are considerable challenges in the delivery of prompt plain film reporting on a 24/7 basis, due to the increasing demands on our diagnostic service. We have, however, reviewed our processes in relation to the Emergency Department and inpatients, and can now confirm that all Emergency Department films and inpatients from Sunday am and Friday 5pm, are reported within 24 hours through a revised reporting system. All weekend radiographs between 8am and 10pm will be reviewed by a senior ED physician. A limited number of overnight weekend films (Saturday and Sunday 10pm to 8am) will be reviewed on Monday morning. The maximum delay would be 60 hours for the Friday evening films. We are pursuing a further improvement, which would identify sub sets of films in the context of trauma, which could be reported within 24 hours on Saturday and Sunday, and will institute this if feasible.

2. We are currently endeavouring, with the support of our service improvement team, to perform all radiographs on the day on which they are requested. We have seen a considerable improvement in this area in recent months and are now seeking to sustain this.

3. In relation to the MR protocol, we have developed a fast code for all Radiologists, which reminds clinicians that a normal radiograph does not exclude a fracture and if there is failure of pain-free weightbearing and radiographs are normal, an MR is indicated. We have also sent out a safety alert to all Physicians, which emphasises this point.

We hope this gives some reassurance that the key issues identified through the inquest of Mr Harnell's are far less likely to occur in future.

With regards.

Yours sincerely

Dr Philip M Hughes MBBS MRCP FRCR
Medical Director