

Medical Director's office

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5 September 2016

Mr Andrew Bridgman
Assistant Coroner
Manchester South
1 Mount Tabor Street
Stockport
SK1 3AG

Dear Mr Bridgman,

Re: PFD

Patients Name: Patrick Curran

D.O.B: 06.12.1933

D.O.D: 22.02.2016

RM No: RM267048

I am responding to the Regulation 28 – Prevention of Future Deaths Report Issued to University Hospitals of South Manchester (UHSM) on 14 July 2016.

1. Concern: *That Wythenshawe Hospital have adopted or condoned a practice whereby first post-operative reviews are conducted by nursing staff (of whatever specialist level of training) without any or any adequate medical overview.*

Thank you for making the Trust aware of your concerns. In line with a national move towards nurse-led clinics the expertise and training of our nursing staff renders them very capable of conducting post-operative clinics in the cardiothoracic unit. Thoracic surgery patients are seen in the outpatient clinic for their follow ups by any member of the team and this could be the Consultant, Registrar, SHO or a specialist nurse who has many years of thoracic surgery experience. All clinics are supported by Consultant cover as required. If there are concerns with a patient they are always discussed with the Consultant or if there are any concerns with an x-ray, Radiology are asked to report these.

Notwithstanding this, we would like to reassure you that there was medical oversight at these clinics. When Mr Curran was seen at clinic in February 2016, the clinic would be nurse-led with the consultant surgeon available by telephone. We have strengthened this and now our post-operative clinics are led by nurses but with a consultant present in the same clinic.

2. Concern: *That Wythenshawe Hospital have adopted or condoned a practice whereby patients can be, and are, discharged from care at first post-operative review, or*

indeed any review, by nursing staff (of whatever specialist level of training) without any or any adequate medical overview.

Thank you for making the Trust aware of your concerns. As set out above, the system has been strengthened and a consultant is present at the first post-operative review clinic.

Mr Curran's x-ray taken on 12 February 2016 did not reveal a chest infection or pneumonia. A plan was made, on the basis that Mr Curran's histology was not currently available, for him to receive his histology at a separate time by way of follow up from [REDACTED]. The decision regarding chemotherapy was not made until the histology was available. It was therefore, in our view, entirely appropriate, based on his presentation on 12 February 2016 to discharge him albeit without his histology results which were to be given at a later appointment. [REDACTED] did not feel the need to review Mr Curran but had he been asked to review Mr Curran, it is his view that based on his x-ray and the description of Mr Curran's presentation he would not have admitted him. The x-ray from the 12 February 2016 was compatible with post-operative findings.

If you require any further information, please do not hesitate to contact me.

Yours sincerely,



[REDACTED]
Medical Director, UHSM