

16 January 2017

Chief Executive's Office
Royal Cornwall Hospital
Bedruthan House
Truro
Cornwall
TR1 3LJ
Tel: 01872 250000

Dr E E Carlyon
Senior Coroner for Cornwall & Isles of Scilly
The New Lodge
Newquay Road
Penmount
TRURO
TR4 9AA

Email: 

www.rcht.nhs.uk

Dear Dr Carlyon

Re: Regulation 28 Report to prevent future deaths Margaret Erskin Hare Wakefield

Thank you for your letter dated 14 November 2016 enclosing your Regulation 28 Report to Prevent Future Deaths following the inquest into the death of Margaret Erskin Hare Wakefield which was heard on 3 October 2016.

The matters you raised with the Trust were in regard to the need to access timely haemofiltration; contingency planning between the treating clinicians and the specialist critical care team; and the clinical pathway of patients requiring regular haemodialysis when undertaking cardiac procedures and other surgery: ensuring that a smooth treatment pathway to deal with renal complications should they arise, is in place prior to the procedure.

In light of this death, the following actions have been put in place to improve the patient pathway and access to haemofiltration, which is carried out in the Critical Care Unit.

- There has been an increase in the funded establishment for registered nurses in the Critical Care Unit: in February 2016 this increased to 11 nurses day and night and this was further increased to 12 since November 2016. At this time recruitment to the newly funded posts has not yet been completed but is underway.
- The Critical Care Outreach Team, which reviews and advises on the care of patients on the wards, has been funded to increase the hours of operation from day time only to cover the full 24 hour period. The service will be fully operational 24 hours a day from 1 May 2017.

- A new system has been introduced in which the Critical Care team reports patients awaiting discharge which is emailed to the Hospital Site Coordinators and Bed Managers. This ensures the same data is seen by the whole team at the same time and ensures that patient discharge from the Critical Care Unit is prioritised thus maximising capacity. This information is then reported and progress noted at the Site meetings which take place each day at 0800, 1200, 1600 and 1900.
- The Critical Care Team is developing an Escalation Plan which will be operational from 1 May 2017. This will ensure standardisation and consistency of practice from the Trust when Critical Care Beds are not immediately available and again ensure that the Hospital Site Team is involved in maximising capacity in the Critical Care Unit.
- The Trust has implementing a national programme known as SAFER. This is defined as; The 'SAFER Patient Flow Bundle': a set of interventions and clear parameters that, when delivered together as part of a multi-disciplinary approach help to ensure patients receive the right care, in the right place, at the right time, all of the time. This ensures efficiencies and reduced delays for patients, carers and relatives. Practical evidence of this is demonstrated by the development of daily meetings around the Swift Plus Board on each ward to clearly define all activity planned to take place to expedite patient discharge or treatment plans.
- A new Patient Flow Policy was introduced in October 2016, to improve patient pathways for patients and ensure standards and a Clinical Director with responsibility for maximising patient flow throughout the system has been appointed.

We believe that these changes strengthen the pathway of all patients requiring admission to the Critical Care Unit for delivery of their care and hope that this offers you the assurance you seek.

Please do not hesitate to contact me should you require any further information.

Yours sincerely



pp Kathy Byrne
Chief Executive