

AK/CAS

16 January 2017

Rachel C Griffin
HM Assistant Coroner
Manchester West
HM Coroner's Office
Paderborn House
Howell Croft North
Bolton
BL1 1QY

RECEIVED

18 JAN 2017

Chief Executive's Office
Trust Headquarters
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

[REDACTED]

Dear Mrs Griffin

Re: Regulation 28 Response: Patrick Richard Steer (Deceased)

Thank you for your Regulation 28 Report dated 23 November 2016. I understand that an inquest relating to the death of Mr Patrick Steer concluded on 11 November 2016. I have been fully advised of the circumstances relating to Mr Steer's death and having read your report, I am grateful to you for bringing these concerns to my attention.

I note you requested that a review was undertaken of policies and procedures in place at Wrightington, Wigan and Leigh NHS Foundation Trust ("the Trust"), dealing with communication between doctors caring for a patient, when there is shared care in place between the Cardiology team and the Surgical teams.

Since the conclusion of the inquest the Trust has been working to ensure lessons have been learnt from the events surrounding Mr Steer's death. I would like to take the opportunity to advise you of the actions already undertaken by the Trust, and the proposed action to be taken in the near future. The information below forms the Trust's response in relation to our duty under Regulation 29 of the Coroners (Investigations) Regulations 2013.

Immediate Action Undertaken

Upon receipt of your Regulation 28 Report, a copy was sent in the first instance to the Trust's Acting Medical Directors, [REDACTED], and [REDACTED] is a Consultant Cardiologist, and [REDACTED] is a Consultant Urologist and former Divisional Medical Director for Surgery. It was considered important that they were made aware of the concerns raised straight away.

A copy of your letter was also shared with [REDACTED] in light of the comments she made during the inquest in relation to communication.

The concerns you raised in respect of shared care were also discussed at the Trust's Clinical Advisory Board (CAB) on 7 December 2016. This is a committee chaired by the Acting Medical Directors and is attended by senior representatives from the various clinical areas.

In addition [REDACTED] asked his colleague [REDACTED] a very experienced Cardiology Consultant, to review the care provided to Mr Steer, and to consider whether the lack of communication between the surgical and cardiology teams had had any detrimental impact.

Chairman: [REDACTED]
Chief Executive: Andrew Foster CBE

Clinical Feedback

██████████ provided a formal response to the Trust's Medical Directors following his examination of all the handwritten and electronic clinical records. (Unfortunately it is clear from the audio transcript of the hearing that ██████████ did not have access to the CCU (Coronary Care Unit) records at the inquest, as these are held electronically).

██████████ confirmed that Mr Steer received daily reviews from both teams (surgical and cardiac), however no direct communication between the two teams was documented to have taken place, nor was there any documentation to indicate that either team had encountered any difficulties in attempting to contact the other. Both teams were able to review and comment on each other's documented management plans.

Having reviewed the records, ██████████ is satisfied that the absence of direct communication between the two clinical teams did not contribute to the deceased's demise. It appears that both teams were satisfied with each other's management plans and documentation, and therefore there was no indication to have a direct discussion.

Following discussions at the Trust's Clinical Advisory Board, it was agreed that much of the requirement for communication within shared care falls under the remit of the GMC's (General Medical Council) 'Good Medical Practice' which all clinicians are required to adhere to. Under section 11, in respect of communication within and between teams, the GMC states as follows:

"You must make sure that you communicate relevant information clearly to:

- a) Colleagues in your team.
- b) Colleagues in other services with which you work.
- c) Patients and those close to them in a way that they can understand, including who to contact if they have questions or concerns. This is particularly important when patient care is shared between teams."

However it is accepted that there are occasions when shared care is not as easy, particularly when consultant cover changes on a daily basis. This can be challenging in terms of communication between teams, and it is then crucial that teams agree some fundamental principles such as ceilings of care, and who communications directly with the patient and their families.

In that respect the Trust's Responsible Officer, ██████████ was asked to draft a guidance note in respect of shared care that could be circulated within the Trust to remind clinical staff of their responsibilities. I enclose a copy of the draft guidance note that is being discussed at the next Clinical Advisory Board meeting on 18 January 2017.

Once approved, this will be distributed amongst clinical staff and uploaded to the Trust's policy library for future reference. This will ensure that there is consistent communication between healthcare professionals when dealing with patients under shared care, such as cardiology and surgery.

Continued Monitoring

The above actions will be monitored via the Trust's Quality and Safety Committee which is chaired by a Non-Executive Director and attended by several members of the Executive team, including the Director of Nursing. Every month updates will be provided to the Committee on the actions listed above.

I hope the above response is testament to how serious the Trust has dealt with events surrounding Mr Steer's death. The welfare of our patients is paramount and we will continue to ensure lessons are learnt.

If you have any comments or suggestions in relation to the proposed actions above, I would be only too pleased to hear from you.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Andrew Foster', written in a cursive style.

Andrew Foster
Chief Executive