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STRICTLY PRIVATE AND CONFIDENTIAL

Professor M Jennifer Leeming
Senior Coroner – Manchester West
H M Coroner's Court
Paderborn House
Howell Croft North
Bolton
BL1 1QY

DATE: 21st November 2017

Dear Professor Leeming,

Re: Rodney Hampshire (Deceased)

Response to Regulation 28: Report to Prevent Future Deaths to Pennine Acute Hospitals NHS Trust.

Please find below the response of Salford Royal NHS Foundation Trust ('the Trust') following the inquest into the death of Rodney Hampshire on 15 September 2017 and the Regulation 28 Report which you issued on 26 September 2017.

Your concerns were set out in the Regulation 28 Report as follows, at section 5:

1. During the inquest, evidence was given that the Division of Surgery at Salford Royal Foundation Trust is conducting a review examining the benefits of having a small number of monitored beds on the surgical wards such as the ward to which Mr Hampshire had been transferred. Whilst there was no evidence that this would have affected the outcome in this case, evidence was given that monitored beds of the type envisaged would potentially save lives.

Review examining the benefits of having a small number of monitored beds on the surgical wards at Salford Royal

2. In October 2017, a proposal was put together with regard to the effective post-surgical management of patients in the post-surgical setting. It was confirmed in this proposal that two initiatives were to be used to provide optimal management of patients in the post-surgical setting:
 - (i) H6 Monitored Unit.
 - (ii) An Extended Recovery Unit

H6 Monitored Unit

3. The H6 Monitored Unit was implemented in June 2017 at Salford Royal.
4. The Unit is an 8 bed unit adjacent to Critical Care. The unit provides level 1 care (the Intensive Care Society defines this as critical care for “patients in need of additional monitoring/clinical interventions, clinical input or advice”) to elective and non-elective surgical patients. The unit provides invasive monitoring and optimisation of patients’ care by experienced nurses under the management of the surgical teams.

This Unit provides care for those patients who do not require critical care, but require closer management than is provided on the general surgical wards. This allows for close monitoring of acute deterioration or post-surgical complications by a specialist team with a high patient to nurse ratio.

Extended Recovery Unit Model

5. Salford Royal are currently progressing an Extended Recovery Unit Model for surgical patients. It is expected that the Extended Recovery Unit will be in place by quarter 1 2018, after the Trust has obtained the necessary funding for the unit.
6. The immediate period post-surgery is associated with the acute complications of surgery and there is potential during this period for patient deterioration. It is expected that the Extended Recovery Unit will:
 - i) ensure the optimisation of patient care post-surgery;
 - ii) reduce complications post-surgery; and

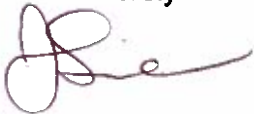
- iii) facilitate the appropriate use of critical care beds.
- 7. The Extended Recovery Unit will allow for patients to be monitored following surgery by medical and nursing teams experienced in the management of these patients. This group of patients would otherwise be transferred to critical care or managed on a surgical ward.
- 8. It is intended that the Unit will provide extended recovery to patients for a 48 hour period within an environment adjacent to the theatres.
- 9. The Extended Recovery Unit will allow the close management of patients by experienced nursing staff trained to manage higher care patients. It is intended that the Unit will be staffed by anaesthetists with the input of the surgical teams.

The Unit will manage patients to a level 1 of critical care (the Intensive Care Society defines this as critical care for "patients in need of additional monitoring/clinical interventions, clinical input or advice"). The nursing ratio is 1 nurse to 3 patients and the unit will have therapy teams supporting that are sat within the surgical division. The unit patients will be assessed daily by consultant.

- 10. Those patients requiring level 2 care would be directly transferred to critical care post operatively.

I hope that this response provides some level of assurance to you and Mr Hampshire's family that Salford Royal NHS Foundation Trust has worked hard to put provisions in place to assist with the effective management of patients in the post-surgical setting. Please do not hesitate to contact me if you require any further information in relation to our response.

Yours sincerely



James Sumner

Chief Office Salford Care Organisation