Heart of England NHS
NHS Foundation Trust

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31st January 2018

Mrs Louise Hunt
Senior Coroner for Birmingham and Solihull
50 Newton Street
Birmingham

Dear Mrs Hunt

Inquest into the death of Mr Francis Beech – Report to Prevent Future Deaths

I write in response to the Regulation 28 report made by you following your investigation and inquest into the death of Mr Francis Beech on 12th December 2017. My sincere condolences and sympathies are extended to Mr Beech's family and friends on the sad loss of Mr Beech.

The Heart of England NHS Foundation Trust (the "Trust") has carefully considered the concerns raised within your Prevention of Future Deaths Report and has responded to each of the seven points, as follows:

1. **Lack of clear guidelines regarding the management of high risk fractures treated conservatively**

The Trust accepts that, at the time of Mr Beech's death, there were no Trust guidelines in existence regarding the management of potentially unstable fractures in frail patients that are for conservative (non-operative) treatment.

Following the findings from this report, guidelines will be formulated for clinicians to follow for these patients. These will include recommended timescales for follow-up and x-ray reviews to be used in conjunction with clinical judgement. The new guidelines will be called 'Conservative Management of Unstable Fractures' and will be implemented by the Trust by 31 March 2018. Once the guideline has been implemented, the Directorate will audit compliance. If you would like to see the guidelines, please let me know.

The Clinical Director for Trauma and Orthopaedics has disseminated interim guidance to the department whilst the guidelines are being developed.

2. **Lack of continuity of care. Each week a different consultant took over his care. This led to a lack of continuity and inadequate discharge planning.**

Clear lines of accountability will be included within the guidelines mentioned above. The admitting consultant will be responsible for formulating the initial management plan, which can then be followed or modified, if clinically appropriate, by any Consultant or other clinician who sees the patient as an inpatient or at a later outpatient appointment.

The consultant on-call rota is run on a weekly basis with changeover on Friday. Currently, the exiting consultant completes a handover sheet for every patient, during his/her ward round, which includes appropriate discharge planning. This is filed within the patient's notes. It provides helpful information for the receiving consultant, such as original diagnosis, management plan and any salient changes to the patients' condition during his on call week. Following this incident, a further point will be added on the handover asking for the date when an X-Ray was performed and reviewed. This will emphasize the need for regular X-Ray reviews as will be outlined in the new guidelines. Furthermore, there is a formal handover which takes place every Friday between the exiting and incoming consultants. The current process will be maintained but will be strengthened by the new guidelines. In order to reinforce this, we propose to introduce a formal sign-off between incoming and outgoing consultants to document that both parties are satisfied with the handover.

It is appreciated by the Trust that the initial management plan to review Mr Beech within 6 weeks of discharge was inadequate. This was a matter of clinical judgment made at the time and could have been changed by any subsequent consultant who had received handover for the coming week. The new guideline will clarify the appropriate time for an outpatient appointment following discharge for the management of a fracture such as Mr Beech's.

3. **Failing to arrange weekly x-rays after discharge to check for fracture alignment and to monitor the fracture.**

This matter has been discussed with [redacted] Clinical Director for Trauma and Orthopaedics. [redacted] has confirmed that close follow up is required to identify early displacement of fractures in patients undergoing conservative management. This applies to potentially unstable fractures where surgical stabilisation has not been possible. Once a patient is discharged, in the early stages of the fracture healing process, weekly follow ups should be arranged to confirm that the position of the fracture remains adequate. This would normally apply for a period of six weeks, at which point the position of the fracture is likely to have become more stable and is unlikely to displace any further.

[redacted] has highlighted this case with all Trauma & Orthopaedic Consultants at the Trust to highlight the importance of ensuring that a clear management plan and weekly x-rays are arranged for patients not suitable for surgical stabilisation. It has been strongly emphasised to all that this will be the responsibility of the consultant who made the initial decision to treat the patient conservatively. The new guidelines will also be made available for all clinicians to refer to.

4. Failing to arrange an outpatient appointment within 3 weeks of discharge

As per the above response to point 3, [redacted] has reinforced the responsibilities to all Trauma & Orthopaedic consultants employed at the Trust with regards to the correct management for patients such as Mr Beech. In this case an outpatient appointment was not arranged within 3 weeks as the management plan had specified that Mr Beech was to be seen in 6 weeks.

The Trust has taken steps to reduce the time that a patient will now experience when awaiting an outpatient appointment for a consultant in Trauma & Orthopaedics. To support patients being seen in outpatient appointments expeditiously the Trust has created 3 daily "hot clinic" slots for post discharge follow-up. This will ensure that there is capacity to facilitate these reviews.

5. Failing to provide any information to the nursing home about the need to monitor the plaster cast and that it was high risk

Mr Beech was discharged to St Giles Nursing Home as a "non-weight bearing patient". On review of the documentation that was handed over to St Giles, while the history and nature of Mr Beech's injury is clearly recorded, it is agreed that there was no patient-specific handover that advised staff at St Giles to closely monitor the cast.

Mr Beech was assessed by the Trust's Supported Integrated Discharge Team (SID) on 12th June 2017. The purpose of the assessment was to conduct a review of the patient's medical needs (with access to the medical records) on discharge and to determine the suitability of the home in question. St Giles will have received a copy of the SID assessment along with a discharge checklist, Discharge to External Agency form, verbal handover and the electronic discharge summary. Whilst the patient will receive a leaflet with advice on plaster casts at the point when the cast is applied, the Trust accepts that it is inappropriate to expect that patients, especially those in a confused state like Mr Beech, will pass the leaflet on to the care home staff. In future, nursing staff will ensure that the literature on all plaster cast management is included within the checklist of documents that are to be sent to the home and not simply provided to the patient.

6. Failing to document pus on the cast when he attended on for a hip x-ray on 01/07/17

The Trust does not challenge the findings that were reached at the inquest. The nursing and medical staff who examined Mr Beech did not identify evidence of pus; however the Trust acknowledges the WMAS handover document details this finding. The nurse cannot recall whether WMAS staff verbally handed over their finding of pus on the cast.

Going forward, all of the staff involved in the care of Mr Beech have been reminded of the importance of reviewing the full ambulance handover document which would have alerted them to the ambulance crew's full history and may have led to a more thorough assessment.

In addition the ED and Trauma & Orthopaedic teams will be reminded of the potential risk of breakdown of skin integrity and infection under plaster casts.

7. Failing to undertake an internal investigation to ensure lessons were learnt from this case.

An independent review of the management of this case by the governance team is currently being undertaken.

There are concerns regarding the lack of reporting of this case by the ward staff, the way the initial complaint from the family was responded to, and also the lack of appropriate escalation to the Clinical and Professional Review of Incidents Group. This is a weekly meeting chaired by the Executive Medical Director. The purpose of this group is to determine the appropriate level of response to new incidents, either relating to potential lapses in care or accusations of individual failings, and to provide oversight of the progress of any processes initiated as a result.

The review will clarify these issues further and allow them to be appropriately addressed. The review and subsequent action plan will be shared with you at a later date.

The Trust has taken the concerns raised within the Prevention of Future Deaths Report seriously and confirms the details of this case have been raised at the highest levels within the organisation.

Yours sincerely

Dr David Rosser
Interim Executive Medical Director

Avery
Care With A Difference

16th January 2018

Louise Hunt, Senior Coroner
The Coroner's Court
50 Newton Street
Birmingham
B4 6NE

Dear Ms Hunt,

Reference 120656: Regulation 28 from Birmingham and Solihull Coroner to Prevent Future Deaths relating to the death of Francis Robert Beech.

I write in response to your Regulation 28 report regarding the death of Mr Francis Robert Beech who was resident at St Giles Care Home in Solihull, Birmingham.

In response to your concerns I can confirm that we have implemented the following:

- Care of plaster cast policy and procedure
- Care of plaster cast care plan
- Supervision and training with staff on the safe management of residents with a plaster cast
- Implementation of the National Early Warning score and process training in the nursing homes

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

Yours sincerely

[redacted]
Director of Operations
Avery Healthcare Group

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