

14 June 2018

Mr Alan Wilson
Senior Coroner for Blackpool & the Fylde
Municipal Buildings
Corporation Street
Blackpool
FY1 1GB

Dear Mr Wilson

Re: Regulation 28 Report to Prevent Future Deaths – Mrs Catherine Burns

I write in response to your Regulation 28 report to prevent future deaths dated 28 April 2018 relating to the care of Mrs Catherine Burns. Having reviewed your Regulation 28 I initiated a review of the care which Mrs Burns received whilst an in-patient at the Trust.

You raised the following concerns which I shall address in turn.

I am concerned that staff were unable to provide the level of care to Catherine Burns that they would have liked to provide or which they felt was appropriate and that this was due to the number of patients they were expected to care for. Consequently deterioration in her condition was not appreciated as quickly as it may otherwise have been.

In response to the increase demand on ED, the Emergency Department has undertaken a capacity and demand review of nursing and medical staffing and found that an increase in establishment is required. Accordingly, a paper has been prepared and submitted to the Executive Team for consideration.

Until such time as an increase in establishment has been agreed, the Department continues to recruit substantively to vacancies and cover staffing safely on a day to day, shift by shift basis. There are robust governance structures in place to ensure that both medical and nursing staffing gaps are identified early, escalated and managed safely.

I am concerned that even during an extremely busy shift for a patient to be triaged as requiring assessment by a doctor and for that patient to then not be seen by a doctor for over five hours risks future deaths and especially if the nursing staff are not able to monitor the patient as regularly as they may prefer.

The Better Care Now programme led by myself as Medical Director is in place to improve patient flow through the whole health system. As this programme begins to deliver, the pressure of overcrowding in the Emergency Department will begin to ease.

As part of that programme of the work, the Department is developing an Escalation and Surge Protocol to help coordinate a consistent and effective response to an increase in demand. The criteria for escalation has been agreed and includes an escalation in the wait to be seen. Actions are being assigned to support the nurse and doctor in charge of the Emergency Department to manage the pressure effectively and gain the support required to de-escalate. Escalation is being assessed through two hourly Safety Huddles and six times daily at bed meetings.

When giving consideration to writing a report to prevent future deaths Coroners are not limited to deaths which are felt to have been contributed to by the issue causing the Coroner some concern. As stated above the care afforded to Mrs Burns did not in my view alter the outcome for her but this should not prevent this report being written if I believe the duty upon me is met.

I received impressive evidence from a Sister whose role was to co-ordinate the assessment area. She explained that during the entirety of the shift the staff had been dealing with approximately one third more patients than when they are performing at what is usually regarded as full capacity. However this was not an isolated incident and this had been the position throughout December, January, and February and that it has remained an issue which is persisting and cannot be solely attributed to what is sometimes described as "winter pressures".

Increased demand in the Emergency Department is a reflection of the performance of the whole health system. As above, the Better Care Now programme is designed to introduce service developments in Primary, Community, and Secondary care to ensure patients receive treatment as close to home as possible and at the right time. Working closely with the Emergency Care Improvement Programme and NHS Improvement, the Division is embedding a number of improvements which will have an impact on overcrowding in the Emergency Department:

- Use of the SAFER care bundle to improve patient management on wards and discharge planning.
- Introduction of a centralised control room to improve the operational management of patient flow through the health system.
- Maximising Ambulatory Emergency Care pathways to ensure that any patients that can be managed outside of the Emergency Department are managed in a different care model.
- Mental Health pathways – identifying alternative routes of support for mental health patients in crisis.
- Introducing therapies in to the Emergency Department to improve the speed of decision making and so accelerating decision for either admission or discharge and, therefore reducing overcrowding.
- Triage nurses on reception – improved streaming to the Urgent Care Centre and fast initial assessment.

In your letter you went on to recognise the increased work load that the Trust in general and the Emergency Department in specific is experiencing. You will realise from the national press that these pressures are not peculiar to this health economy but affect major parts of the NHS. None of which is to say that the Trust is in any way complacent about the matters that you have raised as concerns.

I hope that the extensive work described above gives some assurance that measures are being taken to mitigate the ongoing pressures as far as practicable.

Yours sincerely



PROFESSOR MARK O'DONNELL
MEDICAL DIRECTOR
