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NHS Foundation Trust

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RW/CM/yq

6 August 2018

**Private & Confidential**

Mr Robert Sowersby  
Assistant Coroner  
The Coroners Court  
Old Weston Road  
Flax Bourton  
BS48 1UL

Dear Mr Sowersby

**RE: Inquest 8<sup>th</sup> June 2018 – Mr G. Fox – Regulation 28 Report. Ref:7089**

**Recognition and response to deterioration in patients, escalation process for patients triggering National Early Warning Score (NEWS)**

Further to your concerns raised to University Hospitals Bristol NHS Foundation Trust in the format of a Regulation 28 Report, I am writing to confirm the Trust's response and actions.

At the inquest, I understand that you raised concerns around there being an element of discretion /clinical judgement applied in determining whether the clinical responses that were required where the relevant EWS was reached were actually necessary and the practice of re-triggering a patient.

Since this incident the Trust has implemented an e-observations system in our adult in-patient wards whereby the patient's physiological measurements are entered electronically into a hand held device, which automatically calculates the national early warning score (NEWS) and prompts the staff member to repeat the observations in the required timeframe and to escalate to the relevant clinician in accordance with the Trust's escalation protocol.

This system allows for the nurse in charge of the ward to have oversight of all patients showing signs of deterioration in the ward, and also allows oversight out of hours of deteriorating patients in our hospitals, by the Clinical Site Team, who are highly skilled and experienced nurses who can support ward staff in the management of deteriorating patients. The system also allows doctors and senior nurses to review an individual patient's physiological parameters remotely. The analytics in this system also provide visibility of any instances when observations have not been repeated as per the escalation protocol to enable targeted training and support to clinical teams if required.



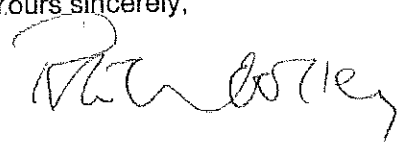
At present, such escalation is completed by telephone or in person, but we will shortly be implementing a further clinical communications system ('CareFlow') whereby the escalation will be automated to the relevant doctor or senior nurse in accordance with the escalation protocol. The CareFlow system is currently being used in a few areas for some elements of clinical communication.

With regards to the practice of "re-triggering", this perhaps should be more accurately referred to as "revised escalation" and we have been promoting this terminology within the Trust since we commenced implementing the e-observations system towards the end of 2017. Some patients do have elevated early warning scores due to a long term condition which is "normal for them"; in these situations it can be appropriate for a doctor to document a clear revised escalation plan setting out the circumstances when an escalation should be enacted. In situations where a previously stable patient's physiological parameters have prompted the need for a clinical response, and the patient has been reviewed by the appropriate clinician, and the patient has been assessed as being cared for in the correct location within the hospital and there is a clinical management plan with a time for review of its effectiveness, it is appropriate that a revised escalation timeframe can be documented by a doctor. In all cases, a revised escalation plan states that an escalation should be enacted if a nurse is concerned about the patient's condition.

We have been supporting the implementation of the e-observations with a further programme of training and education on revised escalation and will continue do so as we switch to the new national early warning score (NEWS2) planned for October 2018.

I hope that the information above has answered your concerns and reassures you of the continued focus within University Hospitals Bristol NHS Foundation Trust in improving the recognition and response to deterioration in patients.

Yours sincerely,



**Robert Woolley**  
**Chief Executive**

