NHS
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NHS Trust

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PRIVATE & CONFIDENTIAL
Mr Ian M Arrow
Senior Coroner
Her Majesty's Coroner for the County of Devon
Plymouth, Torbay and South Devon
1 Derriford Park
Derriford Business Park
Plymouth PL6 5QZ

Dear Mr Arrow

Re: Patricia CRAGG

Thank you for your letter of 23 August 2018 and accompanying Regulation 28 report in relation to the aforementioned patient.

You identified a number of Matters of Concern in your report which I will respond to in order:

There was a lack of available CT resource to deal with the two simultaneous sets of emergencies. The inquest heard from [redacted] *who accepted this had been a recognised weakness for a considerable period of time. I was advised that there were two potential courses of action that could be adopted to overcome this difficulty. First, there could be a second on-call consultant radiologist available to assist the first on-call consultant at times of particularly high demand. Secondly, there could be a facility to open up and run the second CT scanner. This would require the presence of the whole range of staff to include radiographers, porters, et cetera. I was told this was the second time in recent years where there had been simultaneous emergencies that inevitably meant there was a delay in reporting the patient's condition. It seems a decision is required as to whether it is*

appropriate to allocate additional resource to CT imaging and how that additional resource in should be deployed in cases of unexpected high demand.

1. We have a new Emergency Department CT scanner. This is an additional CT scanner. During office hours it rapidly deals with Trauma cases and new emergencies. During out of hours it deals with all on call emergencies. This has not increased the number of scanners available at night, but has significantly improved access and throughput.

2. There has been a culture change in terms of radiology registrar to consultant radiologist communication. The registrars have been encouraged (they were never discouraged) to engage help from the on call consultant at times of high work activity that exceeds their capability (for instance multiple trauma cases). This would improve patient flow and care. It would also reduce any delay in getting new patients scanned.

3. There is a 'WhatsApp' communication tool available to the on call radiology consultant to draft in additional reporting capacity in the event of multiple traumas that exceed reporting capacity.

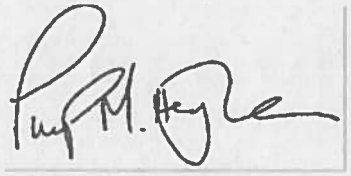
4. We are making plans to increase consultant presence at weekends and CT scanning capacity at weekends.

5. With the staffing that we have, I do not believe that we would be able to have a second tier of on call staff available to open a second scanner at a moment's notice (minimum 2 staff). Rather, we need to be more actively engaged in prioritisation of cases. We also need to remind clinical colleagues of the need to update the radiology team when patient status changes.

I was told that the radiology department did not have its own internal major incident policy setting out how to respond to situations like that involving Mrs Cragg. [redacted] *informed me that this was a piece of work he was trying to complete but that he would need input and assistance from his consultant colleagues before being able to do so.*

We agree that this is a piece of work that would formalise some of what is described above and [redacted] will receive full support in its formulation and implementation. We aim to have this ready by 31/12/18 and will share it with you when completed.

Yours sincerely



Dr Philip M Hughes
Medical Director