

Ms N.Persaud,  
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Date: 12 January 2021

**RE: Regulation 28 Prevention of Future Deaths Investigation Report**

Following inquest regarding the Death of Stanley Babb's

Dear Ms Persaud,

BHR acknowledges the Regulation 28 and the Coroner's concerns in relation to the use of contrast for Radiological procedures within BHR Hospitals.

A comprehensive Action plan has been developed by the department to improve safety across a number of issues.

The following actions have been implemented to ensure safe practice with all patients undergoing a CT scan with IV contrast.

- Communicate new IV Contrast protocol. (As per Action 1 on the plan)

Completed documents approved by Medicines Optimisation Group ("MOG") and placed on Trust intranet; communicated to staff email, WhatsApp and supported by a demonstration video on YouTube on how to authorise requests;

- We have communicated to all radiologists using multiple platforms (radiologist huddle, governance meeting, email and REALM) on the importance of having personalised evaluation & assessment of patients having IV contrast with an eGFR of less than 30 especially patients who have multiple risk factors. (As per action 2 within plan)
- Recording radiologist authorisation decisions on all patient request forms and uploading the form onto the RIS system. For radiologists who don't have access to the form during on call or home reporting, the decision will be recorded on the RIS system. This includes patients having an eGFR of less than 30. (As per action 2 on the plan)
- The radiographers & admin staff have undergone specific training so that they are aware of how to upload these decisions correctly onto the patients file to ensure safe conveyance of this information. (As per action 7 on the plan)



Chair



Chief Executive:



- Practice Group Direction (“PGD”) approval for Radiographers/Updating internal protocol to enable Radiographers to inject IV contrast on a Radiologist’s prescription, for patients with eGFR between 30 and 45

The prepared PGDs are linked to SOPs agreed within Radiology and discussed at the Divisional Quality and Safety Meeting held 2/12/20. The document is currently in the final stages of being approved for use across BHRUT

- Prescriptions for CT IV contrast for patients with eGFR < 30 to ensure these requests are appropriately authorised. (As per action 4 on Plan)
- Creating a prescription sheet for all patients with eGFR < 30, or with any risk factor outside PGD (as per point 13 within the action plan)

The prescription sheet will be Included within the PGD

- Creating a new Radiology request form to incorporate safeguards for patients with abnormal renal function and to confirm that the clinician has indicated the use of contrast and if a discussion has taken place with the patient about the use of contrast.

Form created and will be in use by 31/12/20. (As per action 6 on plan)

- Scans on direct access pathway from ED which need contrast e.g. CT Angiogram for stroke will require a prescription for contrast in the patients notes. (As per action 9 on plan)

Agreement that the ED clinician will sign prescription for IV contrast to cover the radiographer in patient’s notes and scanned on to the RIS system. This is an interim measure which will be reviewed post PGD sign off

- Contrast Dose: now specified as 1ml/Kg with maximum of 100ml (medical scales have been ordered for all scanners and should be in place soon). (As per action 12 on plan)

To accompany this correspondence we have attached:

- The full Action Plan that the Trust has developed for the Radiology department to improve safety both immediately and in the long term
- New Radiology request form
- New prescription form- Patient Specific Authorisation (PSA) Document

This plan has been clinically led, the Radiology Clinical Leads developing the actions with input from their Medical and AHP colleagues. There has also been discussion at the Clinical reference group chaired by the Medical Director within the Trust.

Yours sincerely,




**Chief Executive**