NHS
Bedfordshire Hospitals
NHS Foundation Trust

Luton & Dunstable University Hospital
Lewsey Road
Luton
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[redacted]

25 May 2022

Dr Sean Cummings
The Bedfordshire and Luton Coroner Service
The Court House
Woburn Street
Ampthill
MK45 2HK

Dear Dr Cummings

Re: Mandy Dickerson – Regulation 28 Report to Prevent Future Deaths

I am writing in response to your Regulation 28 Report to Prevent Future Deaths, issued on 3rd April 2022, following the Inquest into the death of Mandy Dickerson which concluded on 1st December 2021.

I would like to begin by extending my sincere condolences to the family of Ms Dickerson for their loss. I appreciate this will still be a very difficult time for the family.

In response to evidence heard at the Inquest you raised some concerns in relation to the care and treatment provided by Bedfordshire Hospitals NHS Foundation Trust's ("the Trust"), specifically around the streaming process carried out on arrival at the Emergency Department.

This letter sets out the Trust's formal response.

Regulation 28 Concern

Matters of concern were raised and are responded to as follows:

1. *"I heard detailed evidence of the "streaming" service where patients attending the ED were directed to the UGPC on the basis of very little information gained from their presenting complaint and basic "eyeballing" of the patient. I understood that there is a difference between streaming to UGPC and triage for entry into the ED. I also understood the impact of the pandemic on the provision of services. However, it was apparent that very little documentation of the process with regard to each patient is made, kept or conveyed."*

[redacted]

Streaming has been implemented within primary care to assist on arrival at the Trust Emergency Department (ED) in deciding whether a patient will be seen in ED or in the Urgent GP Clinic (UGPC) which is run by Atrumed Healthcare. Streaming is undertaken by a designated nurse who is employed by the Trust.

The role of the streaming service is to visually assess patients presenting at the ED to allow for a quick decision as to whether they can best be supported by urgent or acute care services.

Streaming is an initial allocation assessment. The streaming nurse records a brief summary on a slip of paper of the 1 minute consultation that is carried out. This slip is handed to the ED receptionist. Where the patient is streamed to UGPC, the receptionist enters details onto SystmOne, UGPC's patient management software. The clinical information on the slip of paper is also added to SystmOne.

Since this Inquest, the Trust are now able to access SystmOne. It could previously only be accessed by UGPC and the patient's own GP. The streaming information is therefore now available for all to access and review.

A fully documented hands-on initial assessment is then carried out by triage in ED or at UGPC, the streaming system does not replace this as the first substantive assessment.

2. *"I have referred in (3) above [concerns raised to Atrumed Healthcare] to the situation with respect to the referrals to the speciality registrars out of hours. I was provided with information about many different policies and procedures but I did not hear evidence as to any policy directing how a speciality registrar should respond to a request for assessment when even allowing for the missing important observations, enough information was conveyed to mandate (in* [redacted] *opinions) a medical assessment."*

On arrival at the Trust, Ms Dickerson was streamed to the UGPC by the streaming nurse. When she was seen in UGPC, the assessing clinician felt she required further acute assessment. Given the time of day, a referral was sent to the Speciality Registrar in accordance with the UGPC guidelines. Based on the information provided to him, the Specialty Registrar concluded no acute assessment was required and Ms Dickerson was sent home. At the Inquest, you heard evidence that the option was always open to the UGPC clinician to refer a patient back to ED if they remained concerned. However, it became clear that UGPC clinicians did not consider this as an option and considered the Speciality Registrar's opinion to be final.

The Trust has worked with Atrumed Healthcare to update the 'Streaming Guidelines for the Urgent GP Clinic (UGPC)' (appendix 1) to ensure more clarity in the system for referral from UGPC to the Hospital.

As was previously the case, where the UGPC clinician identifies that further acute assessment is required, they refer to the GP Liaison or the Specialty Registrar if out of hours, as in Ms Dickerson's case. The Specialty Registrar then uses their own judgement to consider the information provided and advise on the next steps for the patient's care, as they would with any patient they are asked to review. The plan for next steps is to be agreed with the UGPC clinician.

[redacted]

The update to this policy emphasises that the UGPC clinician and the Speciality registrar must be in agreement that the proposed action is acceptable and clinically appropriate. It then adds a written step that if agreement cannot be reached, the UGPC clinician must record this in the notes before immediately sending the patient to ED. Although this step is new in the sense that it has been newly written into the policy, this option for UGPC clinicians to refer to ED has always been available in practice. The policy has been updated to give a clear written pathway for clinicians to refer to.

This addition is to be known as 'Mandy's Rule'. It clarifies that UGPC clinicians should act and seek the further assessment when they feel it is required, regardless of the view of the speciality registrar. When recording the lack of agreement in preparation to send the patient to the ED, Mandy's Rule can be quoted and the patient must then be accepted by ED. This will ensure that UGPC clinicians feel confident in referring patients to ED so that no patient misses out on further assessment where a clinician believes this to be necessary.

The updated policy is joined by an addendum (appendix 2) setting out this rule in detail. It is made clear that a patient must not be sent home where the clinician feels they need immediate hospital attention.

In all cases where a patient is referred to ED under this rule, an investigation will be carried and cases will be discussed at the regular UGPC/ED Joint Clinical Governance meetings to ensure learning and the continuous improvement of this system.

We have reached out to the family regarding the naming of this rule after Ms Dickerson, who responded on 23rd May 2020 giving their permission to name the rule after her.

I hope that this response provides assurance to Ms Dickerson's family and yourself that the Trust has taken the learning from the Inquest very seriously. The Trust continues to improve its policies and put in place measures to ensure safe and effective services.

Yours sincerely

[redacted]

[redacted]
Chief Executive Officer

[redacted]

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Appendix 1

L&D Streaming Guidelines 2021-2022

For Urgent GP Clinic (UGPC)

December 2021 Version 3

Agreed By	[redacted] (CD Luton ED) [redacted] (Tier 5 ED Clinician) [redacted] (Matron Luton ED) [redacted] (Band 7 sister) [redacted] (Band 7 charge nurse) [redacted] (CEO Atrumed Healthcare) [redacted] (GP rep from Atrumed Healthcare) [redacted] (MD from Atrumed Healthcare) [redacted] (GM Acute & Emergency Medicine) [redacted] (Head of Nursing Acute & Emergency Medicine)

Date Agreed	December 2021

Date of Review	July 2022

Master Saved	Bedfordshire Hospitals

Guidelines for Streaming

These are guidelines and allowance is given for streaming nurses to be able to exercise their clinical judgement. Attendees can be streamed to services that may not be in line with the pathways if the streaming nurse's opinion is that the patient can be better supported in the alternative service onsite. The decision will need to be supported by the reason for referring to that service.

1. Aims and Objectives

1.1 Aim

The aim of streaming is to visually assess the patient who presents at the Emergency Department (ED) and to make a quick decision as to where the patient can be best supported by urgent or acute care services and to stream them to that appropriate service.

The aim is to provide a high quality, clinically effective and cost effective service that meets the urgent primary medical care needs of patients in Luton.

The aim of this service is to provide a facility to deliver face to face urgent consultation to those patients presenting at ED with urgent primary care specific conditions regardless of their status. The service will also aim to deliver appropriate education at the end of the consultation to ensure that they are aware of the alternative urgent care services including the 111 service. By integrating the approach and working with patients and stakeholders, the aim is to reduce the walk-in attendances at Luton & Dunstable Hospital Emergency Department for primary care conditions.

Ongoing care following streaming is a two-way process and patients can be quickly referred between the Urgent GP Clinic (UGPC) and the L&D Assessment Teams if the UGPC clinician assessment identifies different patient needs for immediately necessary same day treatment.

1.2 Objectives

- To ensure ED attendees are seen by the most appropriate healthcare professional based on their presenting clinical need
- To improve patient experience when seeking emergency care services in Luton
- To minimise the amount of time spent waiting for assessment and treatment in ED for patients with urgent primary care type complaints/conditions
- To ease the pressure of increased expectation/demand on the L&D ED
- To ensure a robust process with local primary care clinicians supporting those patients who have attended the service

The UGPC shall be aware of and work to all relevant guidance including new and emerging policy guidance, which relate to and link with urgent and/or unscheduled care.

2. The Service

- Attendees to the Emergency Department (ED) can be streamed to the UGPC between the hours of 08.00 to 23.00. 7 days a week, 365 days a year. Outside of these hours attendees will be seen in ED
- During streaming an appropriately trained Band 6 (or higher) nurse speaks to the attendee and, following the guidelines, makes a decision as to whether the attendee can be supported by a GP / urgent primary care clinician or whether they need services that are better supported in the Emergency Department
- The nurse speaks to the patient / carer to ascertain the reason for attendance. This interaction is not a triage, and the streaming nurse will make decisions as to where the attendee needs to be seen based on the information given at this time. The streaming nurse in this role should ensure the patient feels listened to, understood and if needs be, the rationale for the streaming decision is explained. Where a streaming decision is contentious and the patient/carer is dissatisfied, this should be de-escalated and confrontation avoided and a senior doctor or nurse asked to review the decision.
- If there are any queries or concerns about an attendee the ED Streaming Nurse can contact the UGPC reception via extension 2545.
- The UGPC service offers appropriate healthcare services to attendees of the ED who present with low acuity medical complaints/conditions that can be treated by a General Practitioner or urgent care clinician under the leadership of a General Practitioner. Active communication is encouraged to deliver high quality of care to all attendees.
- The UGPC service will access patient records subject to permission and will ensure accurate clinical records of all individual patient consultations are transferred in an approved structured electronic format to General Practices the next working day following the patient's attendance.
- The UGPC will be able to evidence robust clinical leadership is in place.
- When the UGPC waiting area is full, attendees can still be booked in to the UGPC service but may be asked to wait in an alternative location ie ED waiting room, additional UGPC space. The UGPC will then contact the ED Reception and ask for patients to be sent to the clinic once space becomes available in the waiting room. The Senior Manager on Call (SMOC) may become involved if the number of patients waiting to be seen at the UGPC is impacting on the space available or capacity.
- Where waiting times are extended within the UGPC service and patients held in the ED waiting room, the streaming nurse should be encouraged to review their initial streaming decision if there is patient/carer concern and the ED pathway is now considered more appropriate. In this instance the patient should be registered to ED by reception and taken off the UGPC registration screen.
- Streaming Guidelines and pathways are to be reviewed and audited annually by the Clinical Governance Group. However any concerns or changes can be raised and discussed at any time within the contract term.
- Any referrals made deemed to be inappropriate are to be recorded and discussed at the monthly clinical governance meetings with appropriate action taken at the time.

3. Patient Criteria (please refer to pathways)

- Attendees presenting that are appropriate to be seen by a GP or nurse practitioner can be seen by the Urgent GP Clinic on site.
- The UGPC clinician is able to refer to specialities for same day urgent admission when appropriate, so if the attendee looks stable, they can be streamed to the UGPC.
- Unwell children can be streamed to the UGPC in accordance with protocols/pathways in Diagram 2.. The paediatric emergency department is for minor injuries and unstable/unwell children.
- The UGPC service is able to glue/steristrip and dress wounds, as appropriate to the symptoms being presented.
- If on closer examination a patient is assessed, by the UGPC, to require other same day hospital services or further same day acute assessment they can be referred on following "Diagram 6. Referring from UGPC to L&D Hospital", noting why the patient is being sent to L&D.
- The service will treat minor illness, some minor injury and attendees that present with exacerbation of long term conditions including but not limited to the following:

  - Allergic reactions (where airways are not compromised)
  - Upper respiratory tract infection: coughs, sore throat, cold, flu (all ages)
  - Fevers, headaches and dizziness (in accordance with unwell child pathway – Diagram 2
  - Wounds requiring re-dressing (wounds requiring primary closure should be seen in Minors
  - Burns for re-dressing only – *caution if any signs of toxic shock or infection should be seen in Minors*
  - Soft tissue/muscular pain
  - Back pain/ache non traumatic and walking (normal bowel and urine)
  - Eye care, not foreign body or penetrating trauma or chemical splash
  - Stomach and other alimentary problems
  - Genito – urinary tract infection or problems
  - Bites animal, insect or human not requiring complex wound closure or washout
  - All childhood ailments
  - Gynaecological issues
  - Pregnancy complications <20 weeks (in accordance with guidance in UGPC Specification)
  - Asthma and COPD – all ages (not moderate/severe respiratory distress)
  - Mental health – low mood/stress or anxiety (not suicidal)
  - Diarrhoea and vomiting (all ages)
  - Chest pain (as per protocol – Diagram 3)
  - Low mechanism road traffic collision (ie car -v- car)
  - Tetanus injection (which maybe provided by ED and administered by UGPC)

  For children attending the Urgent GP Clinic it is mandated that national CP-IS requirements should be adhered to

4. Patients not to be seen at the Urgent GP Clinic

- Attendees seen in the UGPC or ED within the previous 72 hours for the any problem
- Children with facial lacerations (This would potentially be classed as a head injury).
- Burns affecting special areas (Genitals/Face/Palms/Soles of feet)
- Children under 6 months old
- Floppy, unresponsive or fitting children
- Attendees with moderate/severe respiratory distress (as per the protocol Diagram 3)
- Any burns greater than the palm of the patients hand or that are circumferential are to be seen in ED.
- Suspected fractures
- No foreign body
- Patients requiring suture, perform x-ray or blood analysis
- Any head injuries
- Pregnancy complications >20 weeks

5. Referring Patients back to L&D

When the UGPC clinician examines the attendee it may become apparent that they have care needs that cannot be provided in the UGPC or may require further assessment. If this is the case they can refer the attendee to Medicine or Surgery through the GP Liaison Team (8am – 6.30pm), Paediatrics via Paediatric Assessment Unit (PAU) using Urgent Connect (8am to 6.30pm) or directly to specialities. These cases will be noted for the clinical governance group and for data reporting to Luton Clinical Commissioning Group (LCCG).

- The GP Liaison Team will take the GP referral and refer the patient to the most appropriate service for General Surgery patients (all ages) and medical patients (over the age of 17) only between the hours of 8am to 6.30pm Monday to Friday. GP liaison will make a recommendation as to whether to send the patient to SDEC, ESU, ED or another accepting area for speciality referral.
- Referrals to PAU are made direct through Urgent Connect Monday to Friday or via the Bleep 733 out of hours.
- Out of hours patients should be directly referred to the relevant speciality clinician. See Referring from UGPC to L&D Hospital pathway Diagram 6.
- Patients that have been assessed as incorrectly streamed will be referred back to the Emergency Department streaming nurse and details logged with the receptionist for follow up at the UGPC L&D Clinical Governance meeting. The referral will be supported by a telephone call to the ED Doctor in Charge to advise that the patient is being sent back and the reasons for the concerns.
- Patients that were inappropriately streamed (following further investigation from the GP) will be referred to the appropriate assessment team and details logged for follow up at the UGPC L&D Clinical Governance meeting.

- If a patient is referred by the UGPC to a specialty team, but the referral is refused despite all reasonable steps to refer, the UGPC can refer back to the Emergency Department. The UGPC will then datix the incident so that it can be logged and reviewed and action taken appropriately.

6. Ambulance Patients

- Patients who arrive by ambulance who meet the following inclusion criteria can be sent to the UGPC (Diagram 7)

  -
  - Independently mobile
  - NEWS2 less than 3 (correlate with clinical context, e.g. COPD, Anxiety etc...)
  - No red flag features (such as; chest pain, visibly in severe pain)
  - Has carer if required /No injury

  If the ambulance patient attends UGPC without the relevant signed paperwork, they will be sent back to ED.

7. Secondary streaming

This involves patients being streamed to the UGPC after the triage process has occurred and the patient then meets the UGPC criteria now that more clinical information has been obtained. This process can only be activated; it is not in place all the time.

There are 2 routes for activation:

1) ED consultant in charge asks the SMOC to speak to the UGPC due to capacity and/or volume of attendances
2) The UGPC informs the ED consultant in charge that they have capacity and can accept additional patients

This is in place for both adults and paeds.

Diagram 1 – Ambulatory Patient

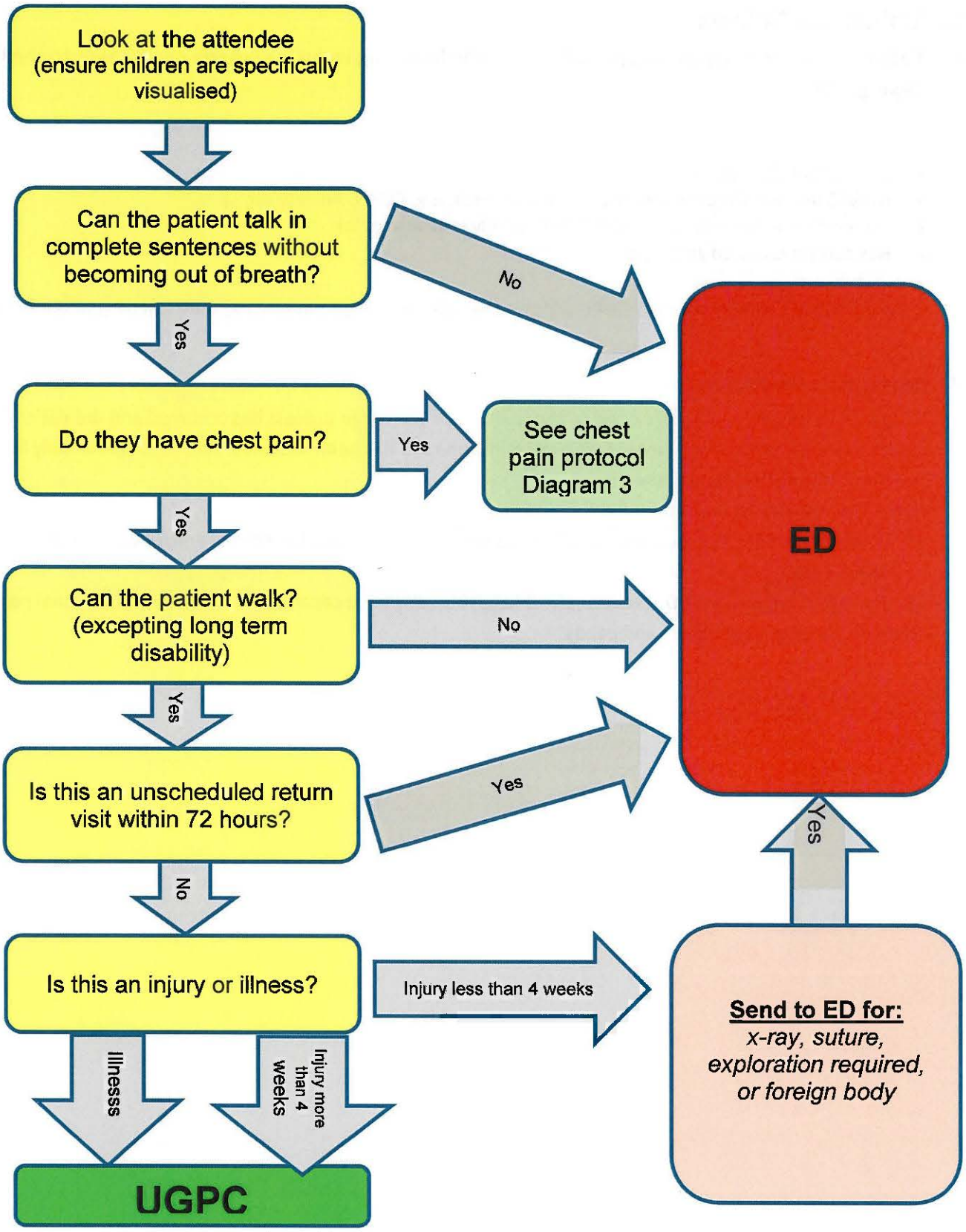

Diagram 2 Unwell Child

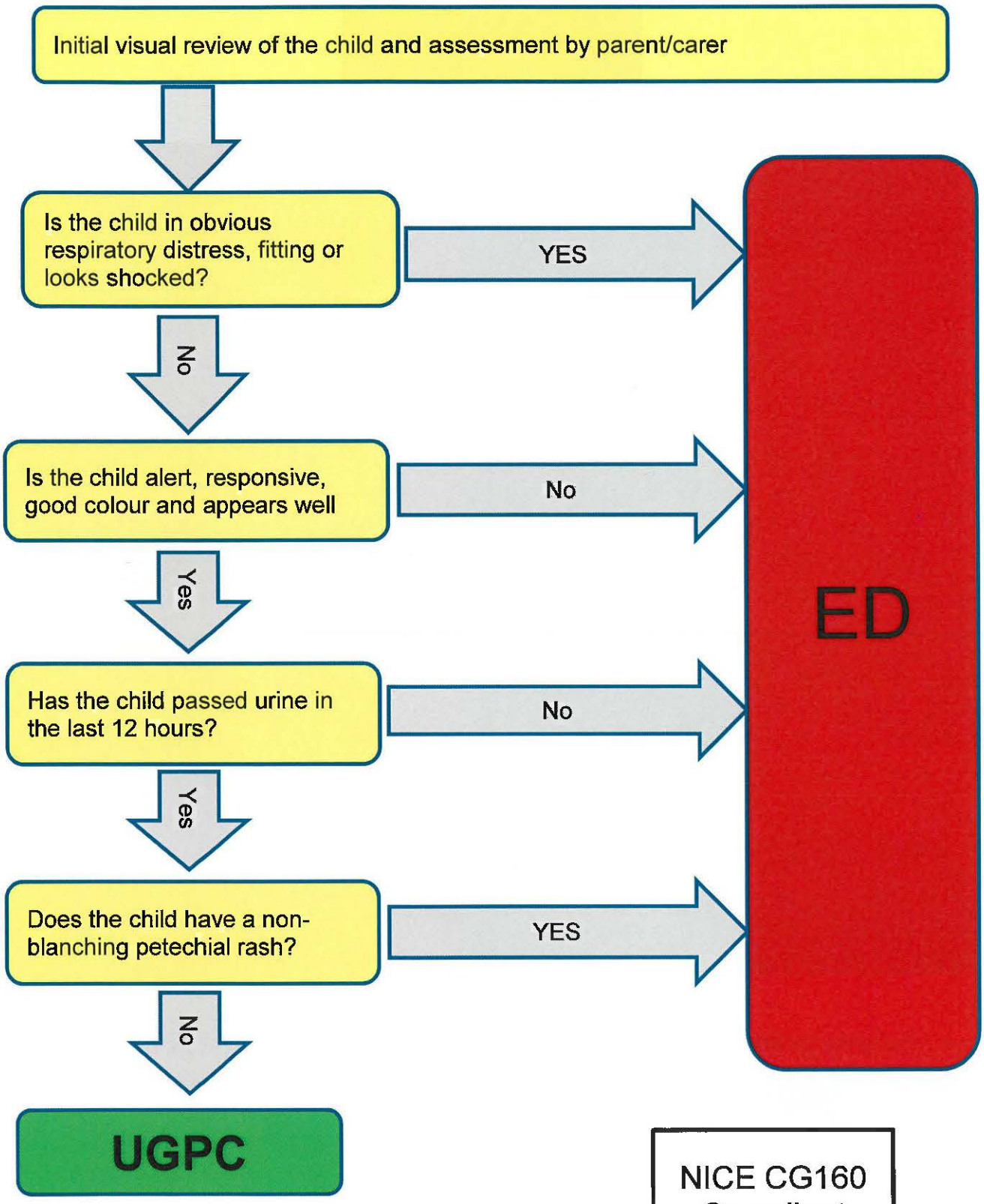

Diagram 3 – Ambulatory Chest Pain

CHEST PAIN

URGENT GP

- Traumatic chest pain with no history of new significant or dangerous mechanism
- Mild/Moderate exacerbations of Asthma or COPD, able to speak in full sentences and looks well clinically
- Chest pain sent to ED by a Nurse or 111 that doesn't feature in any RED criteria (Right)
- Pleuritic sounding chest pain (but not likely PE)
- Clinically looks well
- Panic attack/Anxiety- No previous cardiac Hx

EMERGENCY DEPARTMENT

- Truncal injuries with significant or dangerous mechanism
- Hx of previously confirmed PE/DVT (Use SDEC pathway)
- Severe Exacerbation of Asthma or COPD
- Chest pain sent to ED by a Doctor;
- Chest pain related to daily activity with cardiac medical history
- Clinically looks unwell, sweaty, pale, SOB, 7/10 pain
- High Risk Patients- aged >65 years or with any one of the following (when cardiac-sound pain with active chest pain), Previous Hx of IHD, DM, Angioplasty/CABG,
- Chest pain with any neurology (numbness or weakness in limb)

CONSIDERATIONS:

- Patients on anticoagulants - depends on cardiac sounding chest pain or not & in case of trauma whether minor or dangerous mechanism;
- Use of other pathways (eg; SDEC);
- In case of shortness of breath – previous intensive care admissions/frequency of inhaler use preceding hospital;
- Chest pain with history of aortic aneurysm;
- >65 years with pleuritic, traumatic or epigastric pain can be seen in UGP if age is the single factor or clinically features the UGP criteria.

Diagram 4 - Nosebleed

ED

Attendees presenting with any of the below symptoms are to remain in the Emergency Department

- Active severe bleeding
- Bleeding not stopped in 20-30 minutes
- Trauma to nose / face
- On anticoagulant therapy
- Has cancer of head, neck, ear, nose or throat
- Has bleeding or blood disorders
- Has advanced liver disease

Diagram 5 – Testicular Pain

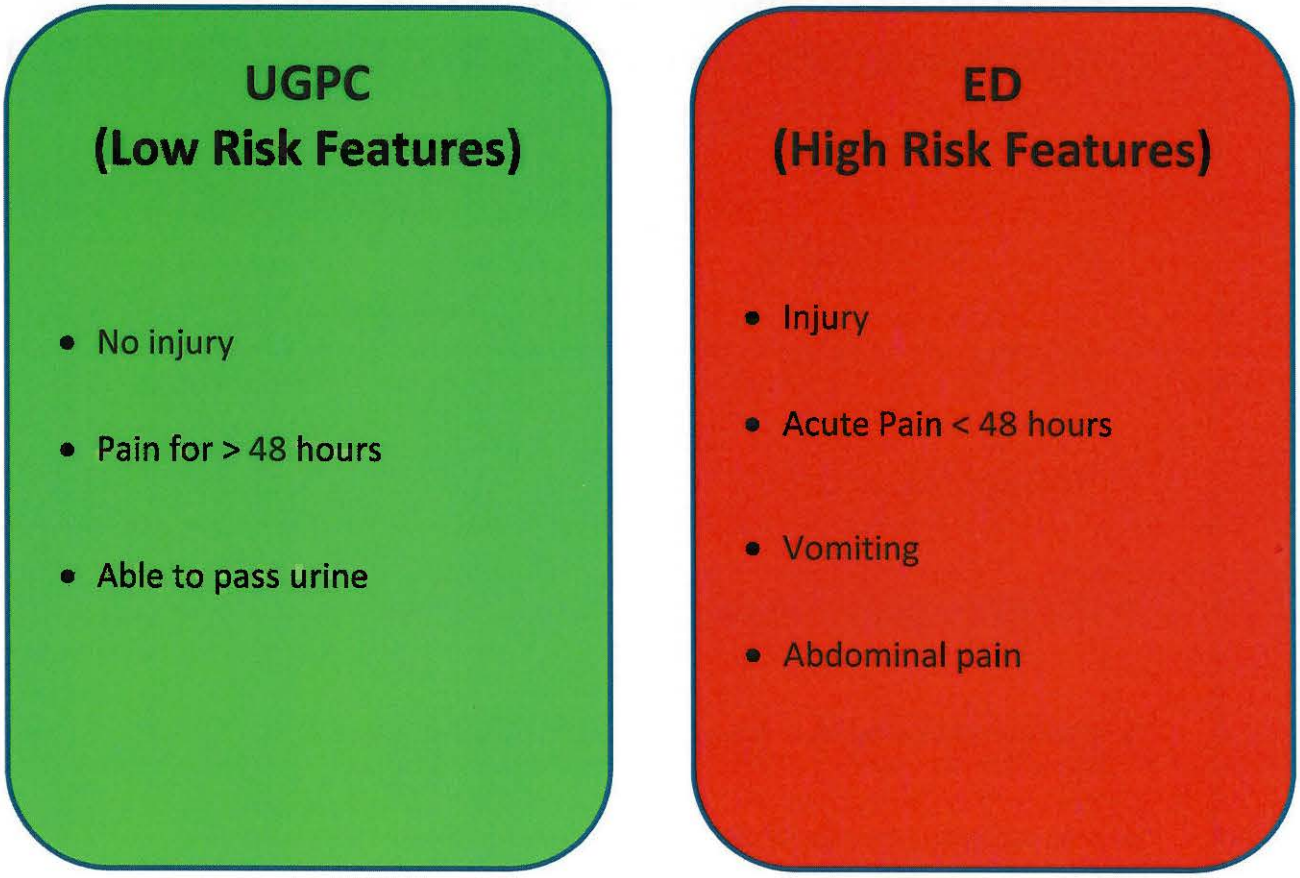

Diagram 6 -
Referring from UGPC to L&D Hospital

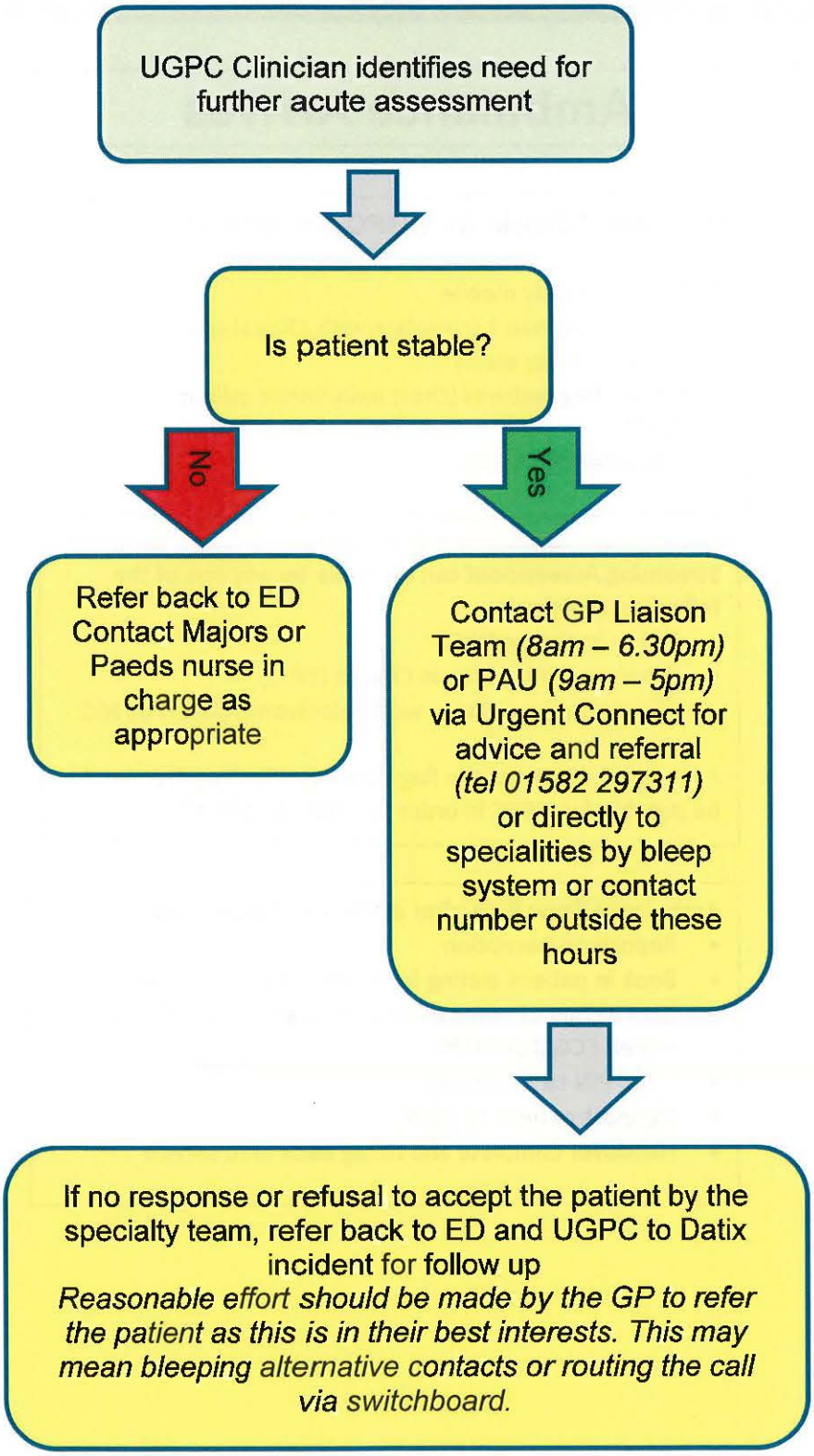

Diagram 7 - Ambulance Pathway

Ambulance – ADULTS Direct Stream to UGPC

Ambulance Arrives

Inclusion Criteria for UGPC Streaming

- Independently mobile
- MEWS less than 2 (correlate with clinical context, e.g. COPD, Anxiety etc...)
- No red flag features (chest pain, other pain more than 7/10)
- Has carer /No injury

Streaming Assessment can be made by any one of the following clinicians:

- Nurse in charge (NIC)
- Emergency Physician in Charge (EPIC)
- Sign Ambulance paper work (electronic/paper) by NIC

Ambulance clinicians can flag patients who they feel would be suitable for UGPC in order to expedite offload.

Ambulance Crew Role after streaming assessment:

- Reports to Reception
- Book in patient stating for UGPC Streamed Patient
- Give a copy of notes to patient to attend UGPC and signed ECG if available
- Hand PIN to Reception
- Signpost patient to UGPC
- Handover complete and to log back in to service

Diagram 8 - COVID pathway

COVID

Questions to ask:
Have you had a lateral flow test?
Have you had a PCR test?
Contact with positive patient in last 7 days?

URGENT GP

- Lateral Flow negative less than 48h if not double vaccinated;
- Protein C-Reactive (PCR) negative less than 72h;
- Patients that finished the isolation period (7 days) testing negative on LF;
- Had COVID in the last 180 days;

EMERGENCY DEPARTMENT

- COVID positive confirmed on PCR **or** Lateral Flow;
- COVID positive less than 7 days of isolation with unknown result on the 5th or 6th day;
- Household contact who is on isolation or COVID+;

CONSIDERATIONS:

- Refer Patients to the near Pharmacy for a free test (Dunstable Road near NISSA) if presenting with new Respiratory symptoms and not double vaccinated before booking in as National Guidelines states that everyone should know their status before going to public places (NHS,2022);
- Patients on Isolation testing negative on the 5th and 6th day are no longer COVID+ (NHS,2022);

Appendix 2

To be Read in conjunction with Diagram 6 (page 13) of L&D Streaming Guidelines 2021-2022 for Urgent GP Clinic (UGPC), dated December 2021

Mandy's Rule

- After streaming, patients seen and examined by clinicians at UGPC are who deemed to require onward referral to inpatient specialties at hospital should be discussed with the GP Liaison service or the relevant specialty registrar, following the agreed pathway in Diagram 6.
- This conversation will result in an agreed plan which may involve the patient attending hospital immediately, being seen at a later time in SDEC or similar urgent clinic, or being sent home with appropriate advice from UGPC.
- It is imperative that both the referring clinician (in the UGPC) and the GP Liaison / Specialty registrar are in agreement that the proposed action is acceptable to both and is clinically appropriate. Mutual agreement assures both clinicians that they are fully compliant with their duties under NMC and GMC guidance, and are not in breach of their Duty of Care.
- **If agreement cannot be reached, and the UGPC clinician feels that the patient needs to be seen without delay despite the specialty team not agreeing to this, the UGPC clinician must record this in the medical notes, and then send the patient to the Emergency Department.**
- If the UGPC clinician feels that the patient needs immediate hospital attention they must in no circumstances send the patient home. They should primarily use the agreed and commissioned pathways to make a referral, and only use Mandy's Rule to send the patient to ED if agreement cannot be reached despite this.
- *It is stressed that this is not considered to be a normal situation, and every such case will be investigated to determine how and why it occurred. Learning will be taken from each case in order to improve the system and prevent any future occurrences. All such cases will be discussed at the regular UGPC/ED Joint Clinical Governance Meetings.*

[redacted] MRCS FRCEM
Consultant in Emergency Medicine
Deputy Medical Director
13th May 2022