

Please ask for the Medical Director's Personal Assistant

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[REDACTED]  
18<sup>th</sup> January 2024

Miss Sarah Wood  
HM Assistant Coroner for Nottingham City and Nottinghamshire  
HM Coroner's Court  
The Council House  
Market Square  
Nottingham NG1 2DT

[REDACTED]  
[REDACTED]  
[www.nuh.nhs.uk](http://www.nuh.nhs.uk)

Dear Miss Wood

**Inquest: - Michael Daft- Prevention of Future Death Report [PFDR] Response**

I am writing in my capacity as Medical Director of Nottingham University Hospitals NHS Trust in response to the Prevention of Future Deaths Notice issued on 24<sup>th</sup> November 2023 following the sad death of Mr Michael Daft.

May I begin with offering my sincerest condolences to Mr Daft's family for their loss. I am deeply sorry for the missed opportunities and issues that were highlighted during the Inquest.

The concerns you have raised have been taken extremely seriously. Please find attached a commentary in response to the Prevention of Future Deaths Report issued to Nottingham University Hospitals NHS Trust following the inquest into the death of Mr Daft.

My response to the concerns identified in the PFD report have been informed following work undertaken by colleagues within the Patient Safety Teams, Surgical and Cancer and Associated Specialties (CAS) Divisions and the Cancer Centre Team.

The actions either taken or planned in response to the learning from the inquest are summarised below. The oversight of the delivery of these actions will be through our Quality and Safety Governance Committees, with Executive oversight - Committees of our Board will receive a progress report.

I hope that this commentary provides assurance that we are committed to learning from this, and other incidents to significantly enhance the care of patients across the Trust.

Yours sincerely

[REDACTED]

[REDACTED]  
**Medical Director [NUH]**  
[REDACTED]

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## **Concerns identified through the PFDR**

The matter of Concern is:

**There is little evidence to date of effective communication between Multi-Disciplinary Teams (MDT) from different specialisms when a patient is on more than one treatment pathway**

## **Response to the concerns identified through the PFDR**

MDT outcomes have become an area of concern based on a number of Datix reports and Serious Investigations including this case. Early issues that have been highlighted include varying scenarios of how outcomes are communicated across all MDTs differently both internally and externally, and how MDT's communicate with each other. Considerable work has already been undertaken, particularly around cancer pathways.

In response to the PFD regarding Mr Daft the following actions are relevant:

### **Safety Snippet**

- The Safety Team have composed a 'safety snippet' (a succinct safety briefing) distributed across the Trust to remind colleagues of the potential risks to patients on multiple speciality pathways, particularly when waiting times for investigations are prolonged. The importance of communicating the need for prioritisation of investigation with reference to clinical concern and potential impact of deterioration of the presenting condition has been highlighted.

### **Trust-wide learning**

- This case had been discussed within the Colorectal and Urology services, across two clinical divisions and will be presented to the Governance teams at the Mortality and End of Life Group (MEOLG) meeting on 1<sup>st</sup> February 2024. This was due to be presented at the meeting at the beginning of January but this was rescheduled as a result of industrial action.

### **Operational response**

- The Trust is currently engaged in a MDT Excellence Initiative and is due to deliver on this in a number of areas over the coming year. This project is initially looking at building on existing baseline work aiming to reduce variation in referral processes internally & externally across all tumour sites with focus on addressing the lack of adequate information on referrals received which causes delays. The second phase will look at **standardising** all MDT processes.
- A few specifics of the project are described below along with the attached PowerPoint file that demonstrates the work we are undertaking currently and going forward:

- **All Cancer MDTs at NUH will have MDT referral in place on Careflow by August 2024:** We have a minimum of 34 MDTs that need to be able to refer via the NUH digital system. We have 19 sites that are already live and up and running, 5 sites that are in consultation / building phase and 7 areas that requiring scoping. These 7 sites are at the end of the schedule due to them having an involvement with tertiary centres or are a regional MDT so require more planning.
- **Cancer MDTs which receive referrals directly from Pathology department to have Pathology Medway referral in place by August 2024:** We have a minimum of 34 MDTs that need to be able to refer via the NUH digital system direct from pathology. We have 8 sites built and 6 in use as of January 2024. The roll out of these referrals subsequently will be implemented quickly as is a standardised form.
- **Agree and pilot a standardised process for MDT referrals between Trusts by October 2024:** We have already completed an initial scope and started discussions around tertiary referrals and are in the process of writing a business case for a digital system 'Refer a patient' for external referrals for MDT to NUH. This is fully auditable, contains a timeline of patient activity and minutes can be sent direct back to referred in a timely manner. Once a patient has been referred via this system, any activity that happens the referrer will receive either an SMS alert or email that an activity has taken place including when minutes and actions can be assigned following MDT.
- **Agreed Standard Operating Procedures (SOPs) for individual MDT's to be written with overarching MDT SOP to standardise the MDT process:** Work is currently taking place on writing the overarching MDT SOP in conjunction with the Cancer Centre management team, Lead Cancer Clinician and other members of the MDT excellence project group. The overarching MDT SOP deadline is March 2024 and a plan is to complete 2-3 individual MDT SOPs a month. We have already started work on the individual SOPs and already completed 2-3 last month.
- **Reporting and query/process mechanism in place:** Work will be carried out to set up an audit of MDT referral numbers within NUH (new and review), look at the amount of times a patient is referred to MDT and the effect this has on a patient pathway so we can learn from the themes and review any referrals as an ongoing process.
- **MDT outcomes and distribution process:** Work has already started at looking at how MDT outcomes are distributed and work will take place in line with Information Governance procedures and the MDT excellence project to streamline this process both internal and external. This is of particular relevance in this case. Currently the internal process within the Cancer Centre, is to send all outcomes to the agreed core member distribution list. If a referrer is outside of the agreed core membership they will only receive the information on the patient they have referred with via NUH email or NHS.Net if external. The outcomes are also uploaded for NUH patients within NotIS, once verified, within 48 hours. Going forward we will be moving to a Web based MDT system within Infoflex (database and patient management system for patients with cancer) and the minutes will be verified live in the MDT meeting, causing less delays on the outcomes being sent back to referrer (as detailed in the PowerPoint document attached).
- **Training and sharing:** As documents and IT work are completed the Cancer Centre are supporting training and will be working on an agreed in house training programme for new starters and also to provide refresher training to in house MDT coordinators that again can be shared with Divisions to help

standardise the training of MDT coordinators across the Trust. The Cancer Centre will also support all areas with this.

- **Digital work:** A web-based version of Infoflex is currently being developed so that MDT co-ordinators will be able to access Infoflex during their MDT meetings, record outcomes and have these checked by the MDT lead and uploaded as the patient is being discussed during the meeting to avoid any delay to patient care. This is being facilitated by the CAS Data Manager with support from the Project Lead, Project Support Officer and the MDT Excellence project.
- In addition to all the above work we also have a regular MDT excellence meeting on a monthly basis as briefly mentioned. This meeting has one or more representatives present from each clinical division that feed their expertise in to the process of the MDT to help standardise the process across board.
- The Project Lead has monthly meetings with the Divisional Management Teams around all areas related to Cancer, including MDT so they are kept up to date of project work and can disseminate to the teams of ongoing work.

#### **MDT Oversight Group (MDTOG)**

- In order to support the above project the Deputy Medical Director has requested quarterly updates be provided to the Quality and Safety Oversight Group. An MDT Oversight Group is to be established from February 2024 to support the MDT excellence work, chaired by a Deputy Medical Director and supported by Divisional Directors, Cancer Centre Clinical and Operational Leads and relevant senior clinicians. This Group will undertake a review of the project status by September 2024 to determine if this needs to be linked to the Trust's Safety Priorities as part of the Patient Safety Incident Response Plan (PSIRP) for 2024-2025.

#### **Summary**

- The actions set out above are intended to address the matters of concern identified in the Prevention of Future Deaths report to improve communications within and across MDT's.

I hope this response provides both you and the family of Mr Daft our commitment to learning from this case to significantly enhance the care for our patients.