South Warwickshire University
NHS Foundation Trust

[redacted]
Chief Executive
Warwick Hospital
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PRIVATE AND CONFIDENTIAL

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21 February 2024

Mrs Deborah R Lakin
Assistant Coroner for the Coventry and Warwickshire Area
The Coroner's Office
Warwickshire Justice Centre
Newbold Terrace
Leamington Spa
Warwickshire
CV32 4EL

Dear Mrs Lakin

Regulation 28 report – Mr Andrew Douglas Guillaume
DoB 09/07/1971
DoD 20/06/2023

Thank you for your Regulation 28 report dated 29 December 2023 relating to the inquest of Mr Andrew Guillaume. I was sorry to read of your outstanding concerns at the conclusion of the inquest and hope that the following information will provide both you and Mr Guillaume's family with further assurance of how seriously this matter is being taken by both NHS organisations involved in caring for Mr Guillaume.

Following receipt of your Regulation 28 Report, the Trust arranged a meeting between senior staff and managers from UHCW and SWFT who it was felt could contribute to the points you raised. Attendees at the meeting included SWFT's Chief Nursing Officer, Associate Chief Medical Officer for Governance, Consultants and General Managers for relevant specialities and UHCW's Group Director of Nursing, Associate Director of Nursing, Quality and Patient Safety Lead, and Deputy Chief Medical Officers. The Group discussed a number of issues highlighted by Mr Guillaume's case and also carefully considered the adequacy of the actions that had been jointly identified by the two organisations as part of the Serious Incident investigation that was referred to at the inquest.

Details of the actions that had previously been agreed, and about which evidence was heard at the inquest, are set out below. These have been updated where appropriate, in particular, to reflect that the one action outstanding at the time of the inquest – that the learning be shared at the SWFT Grand Round meeting for medical staff – was completed in January.

In addition to the work that had been carried out in response to the Serious incident (SI) Review, the meeting identified work streams/ themes which will be progressed by the two organisations. These include both short and longer term work to improve communications between SWFT and UHCW. Although many of these are still a work in progress I will, obviously, be happy to keep you updated.

To address your concerns as they appear in your report:

1. **The inability of Medical Consultants and staff to get through to the switchboard at UHCW on two occasions**

Reaching UHCW staff to request advice/transfers has been problematic for a number of years due to infrastructure issues. Following discussions at Executive level in 2022, a telephone number primarily intended for use by GPs to bypass UHCW's Main Switchboard was shared by UHCW. This was as an interim solution whilst UHCW considered a more robust permanent solution. A solution agreed as part of the SI review was implemented in September 2023, namely for a list of direct numbers for cardiology wards and mobile 'phone numbers for Cardiology Consultants to be provided to SWFT. The benefit would be that SWFT staff could make contact directly with the ward to establish which clinician was on call and then contact that person, thereby avoiding switchboard. In addition, the outcome of the meeting was that:

a. Long-term Technological Solutions

i. Technological solution to be developed to provide an alternative access to clinical teams (VOIP, Consultant Connect, WhatsApp, Teams). Initial discussion to be held with UHCW Director of IT around long term technology solutions to improve overall communication at UCHW (for example cloud based solutions, together with tele connection/messaging/email) and more specifically around improvements in systems for making referrals (getting a clinical conversation/ getting a bed).

b. Short-term Communication Pathways

ii. Whilst long-term solutions are being developed, SWFT/ UHCW to develop short term process for:

- How we do a clinical conversation better when seeking advice/ seeking beds/seeking conversations so it does not involve multiple people;
- How we create a referral pathway backwards and forwards between the organisations; and
- How we have a safety net when those do not work so we have an ability to escalate. (This may include: daily huddle between SWFT and UHCW to share patients needing transfer as two way, centrally held lists of patients requiring input from the other organisation, central oversight by site team at each organisation of patients requiring transfer to support front door, improved links between on-call managers).

iii. SWFT to send names of staff to be involved who understand systems to take part in discussion for action ii;

iv. Give SWFT switchboard contact details for UHCW's site office – which will ensure one single point of access into the organisation. The site office is covered 24/7, should there be a need for escalation. This has now been actioned.

v. UHCW to complete work to collate information by specialty on how to contact teams on call into user-friendly and accessible form and share with SWFT

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c. **Relationship Building**
    vi. Look at how registrar level staff can build relationships across the organisations to improve communication and team working
d. **Specialty specific care pathway issues**
    vii. UHCW cardiothoracic/ cardiology to review contact details that can be provided to SWFT to support response to PFD

2. **A previous incident in which a similar concern had been raised, had led to provision of an emergency GP phone number, that can be used by the clinical teams at South Warwickshire University NHS Foundation Trust (SWFT), which is manned 24 hours a day and is prioritised over other calls. The Cardiology team had not been aware of this, nor did they have the telephone number.**

As explained above, the sharing of the GP telephone number was only ever meant as an interim solution. This has been superseded by provision of direct numbers to reach the cardiology wards at UHCW and a list of Cardiology Consultant's mobile 'phone numbers whilst more robust short and longer-term technological solutions are developed.

3. **Mr Guillaume was not discussed at the Multi-Disciplinary Team meeting with UHCW on 9 June 2023, as the referral had not been completed [and] 4. Had the referral been completed, the team at UHCW could have prioritised the patient's transfer.**

The Trust recognises that it didn't pursue efforts to ensure that a consultant-to-consultant discussion took place between 7th and 9th June 2023. At least one attempt to call was made to the UHCW team but, as is made clear elsewhere in this response letter, difficulties in making contact with an appropriate clinician at UHCW hampered that communication and further attempts were not pursued rigorously enough. In reality, although Mr Guillaume's case was not discussed at MDT that day, an echocardiogram performed on the same day led to a recognition that a Transcatheter Aortic Valve Implantation (TAVI) procedure was not required and that a valve replacement would be a clinically more appropriate option. A referral for valve replacement surgery does not involve an MDT discussion and so a referral to UHCW's surgical team was made electronically that same evening. These points are highlighted on page 4 of the Trust's root cause analysis investigation document.

In essence, there was a delay in making a referral for a TAVI procedure before the MDT meeting which the Trust recognises and for which it has apologised. This was in part due to difficulties in gaining access to UHCW colleagues and in part that an alternative temporary solution to aid communication was unknown to the consultant team. However, a cardiac investigation undertaken on the same day as the MDT highlighted that a different procedure was clinically more appropriate and referral for that occurred on the same day as the MDT meeting. It is believed that the short, and long, term plans described above to improve communication between the UHCW and SWFT consultant teams will mean that consultant-to-consultant discussions will be able to be more speedily and effectively achieved in future.

I hope that this provides you with the assurance that you require but if, having read this letter, you have outstanding concerns, please do not hesitate to contact me.

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Yours sincerely

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Chief Executive

Actions	Recommendation	Action to Address Recommendation	By whom?	By when?	Evidence of Progress and Completion
1	To complete a joint review to provide to the family and HM Coroner	Roundtable discussion to be held with UHCW to review this case	Clinicians from SWFT & UHCW	31/08/2023	Action completed 6 September 2023
2	UHCW to review the mechanisms of referral for SWFT cardiology patients. To consider similar pathway used for neurosurgical referrals and to include how to track patients referred to them	UHCW to confirm a one contact referral process for SWFT moving forward, similar to the pathway used for neurosurgical referrals and to include how to track patients referred to them	UHCW cardiology & cardiothoracic team in conjunction with the patient safety team at UHCW	30/09/2023	Action complete. Direct contact numbers of cardiologist/cardiothoracic surgeons from UHCW provided for Consultant to Consultant direct referrals. Circulated to SWFT cardiology department.
3	Safety Practice Alert to be circulated Trust wide with priority telephone number for referrals to UHCW	Safety practice alert to be shared at each handover for 2 weeks.	Patient Safety team SWFT	06/09/2023	Action completed 6 September 2023
4	UHCW to prepare a response to the family questions	Family concerns discussed at roundtable, UHCW agreed to forward their response to be included in the report	UHCW	12/09/2023	Complete. Received and included in the report
5	Learning from the review to be shared within cardiology governance meeting and as part of the cardiology specialty report to the Emergency division audit and operational group	Dr Tan, Governance lead to share learning at cardiology governance meeting and at the Emergency division audit and operational group Case to be presented by the cardiology team at Grand Round	Dr Y Tan	31/10/2023	**Action completed 12 January 2024**

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