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NHS
Humber Health
Partnership

Hull Royal Infirmary
Anlaby Road
Hull
HU3 2JZ

[redacted]

22 April 2024

Sally Robinson
Assistant Coroner for Hull & the East Riding of Yorkshire
The Coroner's Court & Offices
The Guildhall
Alfred Gelder Street
Hull
HU1 2AA

Dear Ms Robinson,

Re: Death of Ethel Doreen Reed – Response to Regulation 28 Report to Prevent Future Deaths

I write in response to the Regulation 28 Report to Prevent Future Deaths, dated and received on the 8th February 2024, issued as a result of the concluded inquest into the death of Ms Ethel Doreen Reed.

I would like to take this opportunity to express my sincerest condolences to the family of Ms Reed for their loss.

During the course of the inquest, the evidence revealed matters giving rise to concern. These are as follows:

1. H130 is on the 13th floor of Hull Royal Infirmary. It has an East and a West wing and spans the full floor. It was opened in response to winter pressures. At that time, in January 2023, Hull Royal Infirmary was placed under significant pressure in terms of admissions and staffing. The ward been open only a matter of some two weeks by the time Mrs Reed was transferred to that ward. Despite being medically fit for discharge upon arrival on that ward Mrs Reed's condition worsened and family raised concerns as best they could but they reported that the ward was chaotic and that staff would tell them they had only just found out they were working on the ward before their shift started and there was no consistency of nursing staff on the ward.

   Mrs Reed was dehydrated and family report that there was a paucity of personal care afforded on that ward. There was a risk of cross infection as patients' personal effects such as toiletries were not with the right patients and had to be located by family. There was no established cohort of permanent staff on the ward at that time and no signposting to the ward sister or matron and

therefore no way of patents, their friends, or their families being able to have a clear escalation pathway to ventilate concerns. Although HUTH now have an established team and leadership chain on Ward H130 there is a real concern that wards opened in response to winter pressures in the future in any busy hospital may give rise to the same peripatetic staffing regime, that is to say, agency staff and no fixed team in place and a lack of visible leadership. This could lead to the deterioration of patients not being recognised if there is no continuity of care by the same team of nursing staff.

2. An issue with the Lorenzo electronic patient record keeping system has been identified in respect of the system not auto populating the identification of the author of any changes made in the immediate discharge letter (IDL) after it has been finalised. This could lead to miscommunication of critical issues and difficulties in establishing who made what decisions which could lead to delays in treatment in the next post discharge setting which in turn could lead to future deaths.

Please find below the response from the Trust and the detail of the actions being taken in relation to each concern.

Concern 1 - Ward H130 and future winter pressure wards

At the time of the deceased's admission to ward H130 in January 2023, the ward had been opened as a temporary winter ward to manage the capacity issues across the organisation and had been open for two weeks.

The Trust recognises that there are a number of patients who cannot be discharged due to lack of care home or home care capacity, which has placed different capacity pressures on the organisation since the winter of 2023. It is recognised that this is both a local and national situation.

In June 2023, in response to these capacity issues, the Trust took the action to use the 13th floor and open 'No Criteria to Reside Wards' on the 13th floor (H130 East and H130 West) at Hull Royal Infirmary on a longer term footing.

When patients are assessed as medically ready, they will transfer to the 13th floor for 'Discharge to Assess assessment'; this includes all partners (therapists, nurses, medics, social workers, pharmacist, intermediate care workers, trusted assessors, progress to discharge assistants, housekeepers and

hygienists) working in an MDT approach to assess and discharge patients on the same day (wherever possible).

The Trust acknowledges that this new model was embedding into practice in the summer of 2023 and did require improvement. Since the ward opened, the Trust has taken the opportunity to make the required improvements, learn from patient experience and address recommendations following an internal multi-disciplinary inspection to the 13th floor. This visit was led by the Director of Quality Governance and had attendance from the Chairman and a Non-Executive Director for Hull University Teaching Hospitals NHS Trust, Practice Development Matron, Compliance Team as well as Health and Safety and external representation from Kingston upon Hull Healthwatch. An improvement plan for the 13th floor has been in place since October 2023, with progress against delivery of the plan. The improvement plan is attached at Appendix A for information.

The Trust can confirm that there is now a very well established team on the 13th floor, including leadership, nursing and medical teams. The Ward Sisters are present on the wards on a daily basis with clear signposting for patients, relatives and carers if they need it. The Ward Sisters have set up 'relative clinics', which provides dedicated time for patients or relatives to meet the Ward Sisters to ask questions, seek advice or raise concerns. The wards promote patient feedback via Friends and Family Test (FFT) and displays feedback, results and actions taken by the areas. The wards also have volunteer presence, activity champions and visits from the therapy dogs.

The Trust has made great strides in improving the care, treatment and experience for patients transferred to the 13th floor as a No Criteria to Reside base and recognises that, at times, additional capacity during winter pressures or increased times of demand on the service it will need to opened. The Trust can provide assurance that learning from opening of the 13th floor has been undertaken and informed a planned methodology for opening additional capacity on an urgent basis, safely. The Trust is now over-recruited against its nursing staff and is able to lean on that resource as required, reducing the need for bank and agency staff.

Concern 2 - Immediate Discharge Summary letter

The Trust have met with Daedalus, the supplier of the Lorenzo system, to discuss potential solutions to the concerns raised by the Coroner in the system, which is utilised by a number of providers nationally.

We have not yet been able to identify a single remedy to the issue raised around the identification of all authors making changes to the Immediate Discharge Summary (IDS). The primary barrier to a simple solution to this issue is that there are often non-clinical staff involved in the management of the IDS before it is finalised.

However, we have completed an internal review of the current process and consulted with other Lorenzo users. The outcome of these discussions is that the Trust is now looking to change the current process of completing the IDS as detailed below:

The Trust currently have in excess of 60 different IDS templates created as clinical notes in the Lorenzo system. A review of the data items within these documents shows approximately 40 data items consistent across most of the templates and 46 variable data items. Templates have been created at the request of departments or users to accommodate variable data required between departments, clinicians or procedures and treatments. We now believe that this level of variability would be more appropriately managed using the clinical data capture (CDC) forms in Lorenzo and not in the IDS. This change would allow mandatory data to be captured for all, and the variables to be added as and when required. This in turn can create a final clinical note at discharge that is reflective of the individualised care received by the patient.

This piece of work will require resources of Project Management, Change Management, CDC Form Developer, System Support and Information and reporting. There will also be significant stakeholder engagement required including the pharmacy team. Due to this and other similar concerns raised recently, it has been recommended that this piece of work be given a priority 1 and resources allocated as soon as they become available. The timescales for deployment will depend on the approach, but would likely begin with those areas with a significant number of IDS templates set up currently.

We are in the process of our internal Digital Information and Systems approving this change and then will begin the work to make this change.

I hope that this letter provides both you and Ms Reed's family with assurance that the Trust has taken seriously the matter of concerns you raised in your report.

Yours sincerely

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Interim Group Director of Quality Governance