NHS
Frimley Health
NHS Foundation Trust

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Senior Coroner for Berkshire, Heidi Connor
Reading Coroner's Court

18 June 2024

Dear Mrs Connor

I write in response to the Regulation 28 Report you issued on 26 April 2024, following the inquest into the death of Ellen Mercer, which concluded on 10 April 2024.

Your concerns were as follows:

1. *Patients are unfortunately waiting increasingly longer times in emergency departments – not just in waiting areas, but also after being seen by clinical staff and waiting for admission to a ward or discharge from the hospital. During this time, current policies do not require VTE risk assessment.*

2. *The policy for this trust suggests that the 24 hour period (during which VTE risk assessment must take place) starts only when a patient is "admitted" to hospital, i.e. when a decision is taken to admit them to a ward – which could be many hours after they have originally attended the emergency department.*

3. *The policy as currently drafted implies that VTE risk assessment is essentially not relevant for emergency department patients.*

4. *If current policies require VTE risk assessment to take place within 24 hours, the point at which that 24 hour period starts is not sufficiently clear and does not take long waits in emergency departments into account. I am concerned that policies may need to reflect the current reality on the ground.*

5. *I suspect that this issue may be a national one.*

Meeting on 22 May 2024

On 22 May 2024 the Trust convened a meeting for key clinicians, clinical governance and legal colleagues to discuss the concerns raised in the Report and to consider how best to mitigate against the venous thromboembolism ('VTE') risk to patients in the Emergency Department (the 'ED') at Wexham Park and Frimley Park Hospital. The following colleagues were in attendance and contributed to the discussion:

- ████████ Consultant in Haematology;
- ████████, Consultant in Haematology;
- ████████, Head of Quality and Clinical Effectiveness;
- ████████, Head of Legal Services;
- ████████, Chief Medical Officer;
- ████████, Consultant in Emergency Medicine and Chief of Service Emergency Medicine;
- ████████, Deputy Legal Services Manager for Wexham Park;
- ████████, Deputy Medical Director; and
- ████████, Consultant Respiratory Physician and Chief of Service for Transformation and Continuous Improvement.

During the meeting the clinicians considered the concerns as detailed in your Report to Prevent Future Deaths, the Trust's VTE Policy and the NICE guidance titled: '*Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism* [NG89] Updated 13 August 2019' (the 'NICE Guidance').

As was explained by ████████ at the Inquest hearing, the Trust's approach to VTE risk assessment has been informed by the NICE Guidance. However, the clinicians agreed that owing to unprecedented demand on services there are now patients waiting for far longer in ED than was perhaps contemplated when the NICE Guidance was drafted (which requires at paragraph 1.1.2 that medical patients should be assessed for risk of VTE and bleeding as soon as possible after admission or at the time of the first Consultant review), as was recognised at Ms Mercer's inquest.

Prior to the meeting, ████ had made enquiries of colleagues at a neighbouring Trust to understand their working practices in relation to VTE risk assessment and shared her

findings by way of email. I understand a neighbouring Trust has opted to depart from the NICE Guidance and has instead moved to ensuring VTE risk assessments are completed for patients in the ED who have been present for 12 hours or more. It is understood that their electronic patient record keeping system prompts clinicians to action the VTE assessment at the relevant time and a safety dashboard system is used to highlight patients requiring particular care interventions including VTE risk assessments.

At the meeting the clinicians agreed in principle that patients attending the ED who have been present (for whatever reason) for 12 hours or more should be subject to a VTE risk assessment. It was acknowledged that the finer detail of the Trust's revised policy would need careful consideration and all were particularly mindful of the impact of adding to workloads of ED staff in the absence of additional resource.

Trust's Proposals

The Trust is taking the concerns raised seriously and is committed to updating its VTE Policy so that VTE risk assessments are completed for patients who have been in ED for periods greater than 12 hours from arrival. It is recognised that the VTE Policy will also need to be revised to cover timescales for administration of any pharmacological VTE prophylaxis to be given to patients as appropriate (to reflect paragraph 1.1.4 of the NICE Guidance which states this should be given as soon as possible and within 14 hours of admission unless otherwise stated in recommendations).

It is envisaged the following steps will be needed to effect the necessary changes:

- Consideration as to whether there may be patients who attend the ED for whom VTE risk assessments are not required and if so, how those patients can be screened out by using specific exclusion criteria.
- Consideration of who/ which speciality will complete the VTE risk assessment once the 12 hour mark has been reached, as required;
    - It is envisaged that where the patient has been referred on by ED, the speciality in receipt of the referral will be responsible for completing the assessment at the relevant time.
- Updates to the wording of Section 2 of the Trust's VTE Policy;

- Work with the Electronic Patient Record team to make changes to the Trust's electronic record keeping system, EPIC, so that a prompt is generated at the relevant time; and
- Trust wide communication to be circulated by email explaining the changes to the policy, the Epic prompt and the rationale for the same.

In due course the Trust will also need to update the Data Quality Improvement Plan in order to assess the effectiveness of the changes and inform consideration as to whether any further steps are needed to ensure the revised practice is embedded successfully across the Trust. The committees that will oversee progress will primarily be the VTE committee who meet every other month and also report into Patient Safety Steering Group (PSSG) quarterly. Care Governance Committee and quality assurance committees have oversight of the VTE committee's work and PSSG's reviews of VTE performance.

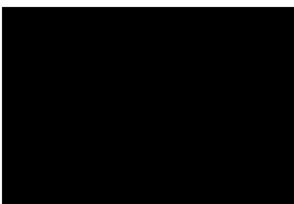
Route to change

In order to progress the above steps, the Trust has assembled a working group who will have responsibility for the amendments to the policy and the plan for rollout. The intention is for the group to meet fortnightly and for a representative to feedback to the afore mentioned VTE committees as to the group's progress.

The Trust intends to complete the necessary steps as described above within **12 weeks** (by 12 September 2024).

I do hope the above provides sufficient reassurance as to the Trust's ongoing commitment to patient safety and continuous service improvement. Please do let me know if any further information would be of assistance.

Yours sincerely



Chief Executive