



LEGAL DEPARTMENT

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PRIVATE & CONFIDENTIAL

Miss Emma Serrano
HM Coroner for Staffordshire & Stoke-
on-Trent
Stoke Town Hall
Kingsway
Staffordshire
ST4 1HH

18 November 2024

Dear Madam

Alix Knowles: Regulation 28 Report Response

I am writing in response to the Regulation 28 Report dated 2 October 2024, following the Inquest into Alix Knowles' death. The Regulation 28 report was addressed to NHS England, Midlands Partnership University NHS Foundation Trust (MPFT) and University Hospitals of Derby and Burton NHS Foundation Trust (UHDB).

At the outset, and in the knowledge that her family will read this report, I want to first begin by reiterating the Trust's condolences and offering my own.

We have taken these concerns seriously and have considered whether there are any improvements we can make at UHDB. In order to support this, discussion has taken place between MPFT and UHDB.

Scope

Within your report, you identified the following concerns:

1. Bank Staff are not able to access patient notes before assessments;
2. Different NHS Trusts are unable to access patient notes, because the computer systems used do not allow this.

Trust Response

["MPFT"] Bank Staff are not able to access patient notes before assessments

Liaison Psychiatry is provided by MPFT and the team work in the Emergency Department of the Queen's Hospital in Burton on Trent. Their role is to assess and plan interventions needed for people in the Emergency Department who present with mental health problems.

Chair:

www.uhdb.nhs.uk

Chief Executive:

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Please visit www.uhdb.nhs.uk for the latest infection prevention and control advice in place at our hospitals, including guidance on face masks.

Access to Meditech V6, the electronic patient record that is used at Queen's Hospital, is provided to staff within the Liaison Psychiatry team at MPFT, allowing them to review our Emergency Department records and to make their own records onto the system. Access is granted at MPFT's request.

As was confirmed by MPFT in court, their substantive staff in Liaison Psychiatry do have access to Meditech V6 records at UHDB, and they have subsequently confirmed that long-term bank staff also have access to Meditech V6. The issue that arose in this case is that the individual MPFT bank nurse from the Liaison Psychiatry team did not have access to the Meditech V6 records as UHDB had not been notified of the need for access on this occasion and therefore UHDB were not aware of until after Miss Knowles' death. As we heard during the inquest hearing, MPFT explained that they mitigate the risk of bank staff not having access to Meditech V6 by always ensuring that they are on shift with a member of staff who does have access. The bank nurse confirmed in her evidence that the Meditech V6 notes were accessed by a colleague from MPFT Liaison Psychiatry team on the night in question.

If it had been communicated to UHDB at the time that the bank staff member from MPFT could not access Meditech V6, Emergency Department staff could have shown the bank staff member themselves, printed a copy out on request, or with sufficient notice, have arranged emergency IT access for them using the same processes we have in place when using agency or bank staff at UHDB. We have re-iterated to MPFT that these are options available to them if emergency access is required, and to formalise this, we are in the process of developing a written standard operating procedure for both organisations.

We are also working together with MPFT to arrange access to Meditech V6 for any of their current short term bank staff in the Liaison Psychiatry team who do not already have access.

Different NHS Trusts are unable to access patient notes, because the computer systems used do not allow this.

Across the NHS in England there are health and care services using different clinical systems that do not interact with each other, and it is accepted that there is a need for interoperability across the system. This is a national issue whose feasibility is being looked at as part of the long-term plan for the NHS. Given the broader context that applies and the complexities around digital infrastructure and transformation, we are unable to comment any further on this, except to say that we recognise the importance of effective information sharing between organisations. It is for this reason that we arrange access where possible and having sharing protocols in place as described above. The focus of our response is therefore on the post death review processes that took place and access to Miss Knowles' medical records for these purposes, which is the context for which the Coroner's concerns arose.

UHDB seeks input and shares outcomes of investigations with all external providers that have been involved or contributed to an investigation. This is a standard practice in the Trust. Conversely, if an external provider is conducting an investigation that requires input from UHDB, it is our standard practice to actively participate and share information where this is requested. We understand from our recent discussions with MPFT that their processes have now changed, so we hope that provides assurance that such information will be shared as standard practice in the future.

Yours sincerely



**Executive Chief Medical Officer
University Hospitals of Derby and Burton**