North Bristol NHS
NHS Trust

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20 June 2014

Dr P Harrowing
HM Assistant Coroner
The Coroner's Court
The Courthouse
Old Weston Road
Flax Bourton BS48 1UL

By Fax 01275 462749

Robert Anthony Perkins (deceased)
36 Kipling Road, Northville, Bristol
DOB: 7/12 1943
DOD: 16/6/2013

I refer to the Regulation 28 report dated 28th April 2014 following the inquest into the death of Mr Perkins, which concluded on the 21st March 2014.

From investigations it appears that whilst in the Emergency Department (ED) Mr Perkins was too agitated to wear a rigid collar and persistence in trying to put a collar on or even just wearing a collar would likely to have caused more harm and distress to him. Also the ED consultant felt it inappropriate to sedate Mr Perkins for the purposes of applying the collar, again due to the risks of harm from sedation.

In the ED there were 2 separate attempts at putting a collar on - firstly a hard collar was attempted and then, later on, a Philadelphia collar (significantly more comfortable than hard collars thus better tolerated). Mr Perkins did not tolerate either. There was a clear decision made by the ED team that they should not persist further in applying a collar. What was not clear was how this was communicated across to the receiving medical team especially with respect to the absolute need for the collar, if this could be tolerated by Mr Perkins, and the timing for attempting to reapply the collar. Following review, the ED matron had discussed this communication failure with the nursing team concerned.

It is clear that communication of these issues is vital to prevent a recurrence of a similar case. It is agreed that communication should include, where there is a failure to apply a rigid collar in the ED, the reasons why the collar was not applied and the nursing aspects for the neck in the interim and when a reattempt at applying the collar should occur.

Since the move to the new hospital at Southmead a change has occurred in process regarding overall responsibility for patients. Now Acute Admissions Unit (AAU) consultants are in charge of the medical intake 24/7, (previously the on call consultant was in charge in lieu of an acute physician) so there is a clearer line of responsibility – there is an AAU consultant (i.e. acute physician) on site between 8 am and 10 pm and on call overnight as

Peter Rilett
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Andrea Young
Chief Executive

well. The effect of this is that there is much less variance in terms of clinicians with overall responsibility, now only 8 rather than the previous 24 clinicians.

Following the inquest the Clinical Director (CD) of the Medicine Directorate discussed this case will his neurosurgical colleagues, in particular awareness and understanding regarding the use of collars. I enclose a hard collar safety alert dated October 2011. The CD will re-publicise this issue by sending this alert out again to the Medical Directorate, and to other CDs to ensure that there is Trustwide distribution in the next few days and also include it in future medical induction of new junior medical staff (the next one will be in August 2014)

The accessibility of rigid collars for the purposes of cervical immobilisation is something that is also being readdressed now since the move into the new Brunel building. A place for central storage of these devices is being looked for within the Emergency Zone. By creating a single area for the location of these devices it should make it easier to know where to find a collar when the device is needed. It is anticipated that this action should be completed by the end of June 2014.

The regulation 28 report will also be reported on in part B of the Medical Directorate's clinical governance agenda on 26 June 2014. From here it will be decided on whether any further action needs to be taken. Following this, it is likely that a further notification will be made to the directorate's medical teams to ensure that they are all familiar with the need to review plans for cervical immobilisation when a patient is admitted with a cervical neck injury and the location of the rigid collar devices.

In conclusion, Mr Perkins was an exceptional case in the Medical Directorate, i.e., a dying man who was confused and difficult to manage who did not have a collar fitted in ED, for the reasons explained above. However, I agree it was fortuitous he did not suffer further disability, that his management was substandard in AAU, and I trust the implementation of the above will prevent a recurrence of these or similar issues in the future.

Yours sincerely

Andrea Young
Chief Executive