

Direct Line
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1 - OCT 2014

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24 September 2014

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Dr Karen Henderson
HM Coroner's Court
Station Approach
WOKING
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Dear Dr Henderson

Re: Maria LOPES (Deceased)

Thank you for your letter dated 14 July 2014 and the attached Regulation 28 Prevention of Future Deaths Report relating to the above named.

We have reviewed the concerns raised following the Inquest into Mrs Lopes death and have outlined below the Trust's position is in relation to the urology on-call arrangements across Frimley Park Hospital, Royal Surrey County Hospital and North Hampshire Hospital (Points 1, 2 and 3).

1. The Consultant Urologist's on-call arrangements covering 3 hospitals at the weekend has no provision for consultant ward rounds, in contravention of suggested national guidelines.

There are no current suggested national guidelines concerning the provision of consultant ward rounds but we believe this is a reference to the guidelines produced by Sir Bruce Keogh in a paper presented to NHS England in December 2013, outlining seven days a week service.

This has set out standards which would mean that all emergency in patients would be assessed by a suitable consultant within six hours, (during periods of consultant presence on an acute ward) and, at other times, must have a thorough clinical assessment by a suitable consultant within 14 hours of arrival in hospital. Implementation of this guidance is over the next three years, with a submission of action plans in 2014/15, implementation of the greatest impact changes in 2015/16 and compliance by 2016/17. These standards represent a paradigm shift from the usual on-call arrangements concerning urology in the majority of hospitals in this country. The three trusts will need to undertake a review of the on-call services to develop an action plan towards becoming compliant with 7-day working.

When the consultant urologists' on-call rota was established covering North Hampshire Hospital, Royal Surrey County Hospital and Frimley Park Hospital, the agreement was that trusts would make their own arrangements for review of in-patients/emergencies at the weekend. I believe that we have robust arrangements at Frimley Park Hospital, with the consultant on-call on Friday night available to see admissions and a Saturday morning ward round by Specialist Registrar or equivalent who reviews all emergency admissions and in-patients. These cases are then discussed with the consultant who had been on-call on the Friday night. A Frimley Park Hospital consultant is available to come to see these patients. The on-call consultant on the rota is then available for advice and we

now have Specialist Registrar able to see emergencies. Frimley Park Hospital consultants undertake a ward round of all urology patients on Sunday morning, which means that there is consultant review over the weekend.

2. A general lack of knowledge or implementation of published 'on-call' national guidelines

As mentioned above, there are no specific on-call guidelines produced nationally for urology and the Keogh recommendations were published within the last year. These have therefore come into force subsequent to Mrs Lopez's tragic death and it is intended that consultants from all three hospitals meet to discuss future arrangements for on-call. The current on-call arrangements at Frimley Park Hospital have operated safely for over ten years and, by discussing cases with the registrar on Saturday and reviewing collaborative decisions made by the registrars the next day, we are able to provide supervision of the registrars. In addition, the on-call consultant for all three hospitals is able to review patients, if requested.


3. The overall supervision of out-of-hours urology trainees within the system

The overall supervision of out-of-hours' urology trainees within the current system is specific to the arrangements within each Trust. Trainees have access to consultant advice and review, if necessary, 24/7 during the on-call weekend. Provision of consultant-delivered emergency service with regular in-patient ward rounds will require additional consultant appointments to allow trusts to become compliant with Keogh. There is wide variety of provision of urology cover across the country, with approximately 50% of urology departments dependent on general surgical middle grade support. We are fortunate to have urology middle grade support for our emergencies. It is recognised by BAUS that this is an issue that will need to be addressed in the next couple of years.

The Trust is committed to patient safety and takes cases such as this very seriously and hope this is demonstrated in our response to the concerns raised.

However, if I can be of any further assistance, please do not hesitate in contacting me.

Yours sincerely



Andrew Morris
Chief Executive