Northern Devon Healthcare NHS
NHS Trust

Incorporating community services in Exeter, East and Mid Devon

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Private and Confidential
Dr Elizabeth Earland
H.M Senior Coroner
Exeter and Greater Devon Coroner's Office
Room 226, Devon County Hall
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Thursday 12th March 2015

Dear Dr Earland

Thank you for your letter dated 21st January 2015, which enclosed the Regulation 28 Report that you had prepared following the Inquest into the death of Mr Robert Alan Jones in addition to the CD recording of the Inquest and a copy of the Record of Inquest.

Please find the Northern Devon Healthcare NHS Trust's response to section six, 'action should be taken', of the Regulation 28 Report.

(1) Revise the Trust's falls policy to include the recommended frequency and duration of neurological observations based on NICE guidance for patients where head injury has occurred or cannot be ruled out, and inclusion of relevant history of falls in handovers of care.

The Trust's falls policy (enclosed) has been revised to include information relating to the frequency and duration of neurological observations (in line with the relevant NICE guidelines) and published on the Trust's policy website. The policy includes a post falls checklist (enclosed) which details how often and for how long neurological observations should be recorded. The Trust's bedside handover and safety briefing standard operating procedure clearly identifies information relating to patient falls (including their risk of falls) is a key component in shift to shift communication, and must be included in handover. Bedside handovers are audited via observation and reports and actions provided to wards and teams where there are gaps in information being shared. Improvement is measured by re-audit. A link from the falls policy will be put in to the Bedside Handover of Safety Briefing Standard Operating Procedure & vice versa.

(2) Implement a system to ensure the Multi Disciplinary Team (MDT) is aware of the total number of falls.

As per (1), this information is included in safety briefings, which are multi-disciplinary events. Additionally, the Trust's post falls checklist allows staff to record multiple falls on the same document, ensuring that information relation to falls is held in a central place. The trust is implementing a system that requires the post falls checklist to be filed with the patient's physiological observations / neurological observations chart, which is reviewed by the Multi Disciplinary Team on a daily basis.

(3) Ensure delivery of targeted training on performing neurological observations for nursing staff at South Molton Community Hospital and as a general communication across the Trust.

Targeted training on performing neurological observations for nursing staff is in place and all registered nurses completed this training by the end of February 2015. Additionally, training relating to reduced consciousness (AVPU – Alert, to Voice, Pain Unconscious) has been delivered to non-registered support staff.

To support the actions detailed above, the Trust will issue a Patient Safety Alert, which will communicate the need for neurological observations when a head injury has occurred or cannot be ruled out, completion of the post falls checklist, to include the frequency and duration of observations, to ensure the post falls checklist is filed with the patient's observation chart for ease of access for all Multi-Disciplinary Team members, and to ensure that information relating to falls risk or actual falls is included in safety briefings and bedside handover. Patient Safety Alerts are disseminated across the whole Trust to clinical and managerial leads.

I hope that this response provides you with assurance that the Trust has taken seriously the findings of the Regulation 28 Report, but please do not hesitate to contact me should you require further information.

Yours Sincerely

[redacted]

Dr Alison Diamond
Chief Executive