

# DRS GIBB MURCH GILLARD BOWYER & GEARY

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CAG/jal

NHS No: [REDACTED]

16 February 2015

RECEIVED 23 FEB 2015

Dr E A Earland  
HM Senior Coroner  
Exeter and Greater Devon Coroner's Office  
Room 226  
Devon County Hall  
Topsham Road  
Exeter EX2 4QD

Your ref: [REDACTED]

File No: [REDACTED]

Dear Dr Earland

**Robert JONES Deceased – DOD: 01/04/2014**

Thank you for your letter of 21 January 2015. I fully agree with your report and recommendations.

The recommended actions are primarily the responsibility of the hospital trust: I enclose a copy of their Action Plan which I have just received from [REDACTED], Matron of South Molton Community Hospital and which I believe satisfactorily addresses all your concerns and recommended actions.

I will be sharing this Action Plan with all GP colleagues in my practice and will be having ongoing discussions with the Community Hospital management team to ensure that these actions become firmly embedded into practice.

Please do let me know if you have any further questions or concerns.

Yours sincerely

[REDACTED SIGNATURE]

Dr Chris Gibb

Actions to be taken following Coroners Report pertaining to an accidental death at South Molton Community Hospital.

Date of report 9<sup>th</sup> February 2015

Author Edith Breeze matron South Molton Community hospital

Recommendation	Action	Outcome
<p>Revise the trust 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</p>	<ul style="list-style-type: none"> <li>• Falls Policy updated with a review date September 2016</li> <li>• To include revised post Falls check list identifying frequency and duration of neurological observation to be taken following a fall involving a head injury</li> <li>• Post falls check list provide in each in-patient folder as a prompt for both substantive and bank staff to follow for a patient</li> <li>• 2 trainee assistant practitioners to work with a multi-disciplined team instigate and embed falls assessment and cascade this outcomes onto relevant staff. For example community falls nurse, occupational therapist and physiotherapist.</li> <li>• Falls screening undertaken on every admission to include TRIP and implementation of Falls Assessment plan</li> <li>• CT scan as soon as Stroke Symptoms are evident</li> <li>• Specialist nurse in community to attend on ward to follow up on patients who are presenting with falls on the</li> <li>• Lying and standing Blood Pressure to be monitored on all patients were practicable</li> </ul>	<p>Completed</p> <p>Completed and implemented</p> <p>Implemented</p> <p>On-going</p> <p>Currently being implemented</p> <p>On-going</p> <p>On-going</p> <p>On-going</p>
<p>Implement a system to ensure the Multi-disciplinary team is aware of the total number of falls</p>	<ul style="list-style-type: none"> <li>• The introduction of the falls Sticker to insert into patients notes following each fall to provide concise but relevant information of harm caused and immediate action. This is a brightly coloured sticker to draw attention to the entries. This has been trialled successfully in other areas.</li> <li>• Regular safety briefing throughout each shift with the multi-disciplinary teams</li> <li>• Beds side handovers that include the</li> </ul>	<p>To Implemented by February 2015</p> <p>Currently being embedded into practice and being monitored</p>

	patients on each shift	As above
Ensure safe delivery of targeted training on performing neurological observation for nursing staff at South Molton Community Hospital and as a general communication of the Trust	<ul style="list-style-type: none"> <li>• Delivery of targeted training on performing neurological observations for nursing staff at south Molton</li> <li>• Delivery of targeted training for all health care assistance in the understanding and reporting of a patient with a reduced Alert, to Voice, pain and unresponsive [AVPU] scoring</li> </ul>	All registered nurse will have completed this training by February 2015 this is currently being implemented and staff sign off being achieved
All of the above will be discussed at individual /group supervisions and monitored for compliance Further group discussion with the ward meeting and minute will be shared with all disciplines to ensure a shared leaning		