University Hospitals of Leicester NHS

Caring at its best

CHAIRMAN & CHIEF EXECUTIVE'S OFFICE

E-mail:

7th April 2015

Leicester Royal Infirmary Level 3 - Chief Executive's Corridor Balmoral Building Infirmary Square Leicester LE1 5WW

Mrs C Mason **HM** Coroner The Coroner's Court Town Hall Town Hall Square Leicester LE1 9BG

Dear Mrs Mason

Jane Robinson

I write further to your Regulation 28 report sent to us on 12 February 2015, and am now in a position to respond. I note that the matters of concern are as follows:-

1. Basic observations were repeatedly unrecorded.

- 2. No evidence of ongoing senior review on each shift whereby shortfalls in observations would be detected at an early stage.
- Lack of written decision-making rationale in relation to the frequency of observations.
- 4. No evidence of any reporting system of healthcare professionals.

Taking your concerns in turn:

- 1. More frequent observations including recording of the respiratory rate should have occurred in this case which would have given an accurate Early Warning Score (EWS) and prompted escalation. Currently all Health Care Assistants (HCAs) complete a vital signs workbook as part of their induction programme. Work has begun to introduce and embed a competency assessment for HCAs. This work will be led by the Acute Response Team Lead supported by Education and Practice and CMG Heads of Nursing and will be completed by the end of October 2015. Newly Registered Nurses (including International Nurses) have a session on 'Managing the Deteriorating Patient' as part of their preceptorship /induction programme. Additionally Sepsis management is part of the Safety Improvement work within the Trust and both nursing and medical staff are undergoing training. The Trust is moving towards recording all observations electronically and the software purchased will automatically calculate the EWS score and send the appropriate alerts. This software package has been programmed to ensure all observation fields, which includes respiration rate, are mandatory requirements. A pilot will be commencing in June 2015 and is then expected to be rolled out across the Trust throughout the following year. This work will be led by an Assistant Chief Nurse and is expected to be concluded by the end of 2016.
- 2. There was no evidence that the nurse in charge was aware that Mrs Robinson's observations were not being taken appropriately. Work has taken place to improve both the daily Board Round and also the clinical handover process. As part of this work we have strengthened the role of the named nurse. Review of all patients' observation charts will now take place at the time of clinical

handover by the senior nurse to ensure observations have been taken, recorded accurately and escalated appropriately. The software previously described will allow nurses to record patient observations electronically using mobile devices. This process is fully auditable.

- 3. In this case Staff regrettably failed to complete the required documentation and follow the instructions which are written on the EWS charts. There is clear guidance on the current Early Warning Score (EWS) charts for staff to follow when EWS scores have been calculated and actions taken should be recorded on the back of this chart. Ensuring that this is completed is now part of the check at clinical handover time by the named responsible qualified nurse. As indicated above the Trust has purchased software to record patient observations using mobile technology. The respiration rate is a mandatory field. The software automatically calculates the EWS score and alerts are set to be sent automatically when appropriate. This provides a fully auditable system.
- 4. I can confirm that there is a reporting system for healthcare professionals when we have concerns about the standard of their practise. Improving Performance and Capability Policy and The Disciplinary policy are in place and used when appropriate with referrals made to professional bodies when necessary.

I trust that this response provides you with the assurance that you seek. If you have any further concerns please do not hesitate to contact me.

Yours sincerely

John Adler Chief Executive