

20th April 2015

Our Ref: [REDACTED]

Neil Carr
Chief Executive
Trust Headquarters
St George's Hospital
Corporation Street
Stafford
ST16 3SR

Tel: [REDACTED]

STRICTLY CONFIDENTIAL

Mr. Andrew .A. Haig
Senior Coroner
H.M. Coroner's Office
No 1 Staffordshire Place
Stafford
ST16 2LP

Dear Mr Haig,

Re: Peter Jonathan WRIGHT (Deceased)

Thank you for your letter dated 2nd March 2015, reporting concerns to us, in accordance with Regulations 28 and 29 of the Coroner's (Investigations) Regulations 2013.

Following discussions within the Mental Health Division, [REDACTED] (Medical Director) and [REDACTED] (Director of Nursing & Chief Operating Officer), I am now in a position to respond to your specific concerns as outlined below:

- 1. At the time of the death the ward was understaffed. Of the quota staff of three, one care assistant had been called to assist in another ward (and had in fact just returned) and one care assistant was with another patient who required continuous observation. This left just the qualified nurse to deal with 16 patients. She did not record all necessary observations and was doing a drugs round by herself (contrary to policy). This was recognised in the SIR carried out by [REDACTED] but no recommendation was made about it on the basis that the Trust was undergoing a major staffing review in any event. It may therefore be that the situation has already been addressed but this was not clear to me at the Inquest and the impression I received from the nurse was that there is now some extra support at times but it is still not satisfactory.*

The Trust undertakes nurse staffing establishment reviews for each of our in-patient ward areas on at least a six-monthly basis. In undertaking these reviews, the Trust uses:

- quality metrics (such as clinical incidents, patient experience information, complaints and workforce data such as sickness, vacancy rates and turnover) and
- data taken from an evidence based workload calculator tool, in combination with
- professional judgement arising from their clinical experience regarding staffing levels

Once the review has been undertaken, the team's recommendations are published and reviewed by the Trust Board regarding the most effective level of nurse staffing establishment required to meet the needs of our patients. During the last review which was presented at Trust Board in December 2014, there were additional investments made to the nursing establishments on a number of our wards.

For 2015/16 Brocton Ward staffing establishment is 4/4/3 (with two registered nurses on duty at all times). This is the minimum level which can be expected on the ward

with additional staff being deployed to meet any increased acuity. There are also non-nursing clinical staff who will be present on the ward undertaking other duties – examples will include medical and allied health professionals providing therapeutic interventions.

- 2. At the time of this incident there was still a 24 hour Emergency Department at the nearby Stafford Hospital and at St George's Hospital there was no doctor on site. Now the Emergency Department at County (formerly Stafford) Hospital is not open during the night and the nearest ED is at Stoke. I was told that the situation can be managed by calling paramedics. While I appreciate that nearly all the doctors at St George's are psychiatrists not medics I wonder if any consideration has been given to out of hours cover by a doctor*

The Trust does not have resident doctors on call but operates a non-resident out of hour's rota to comply with European Working Time Directive.

The psychiatrists on call out of hours at St George's Hospital are all qualified doctors. The most immediate tier of the rota involves doctors in training (Core Trainees in Psychiatry) who operate a non-resident rota but who in reality are often on site and they are supported by middle grade and consultant staff.

Our medical and nursing staff are all trained in basic life support as part of mandatory training and some have intermediate and advanced skills.

Every clinical and non-clinical area has first aid in place and wards are stocked with equipment for managing common emergencies. We do however recognise that more sophisticated medical equipment and support may be required at times, and in the case of a medical emergency we expect staff to call 999 without delay, as this is what people in the community would do in similar circumstances.

On occasions when a medical emergency occurs we call 999 without delay, and staff are instructed to provide basic life support until paramedics arrive. The closure of A&E at County Hospital will inevitably mean that patients from this area will travel further than before in order to reach A&E but the stabilising treatment on site and prior to transfer is important, and paramedics are best placed to provide this. Our experience is that response times have been satisfactory.

I hope this response helps to address your concerns. However if you require any further information please do not hesitate to contact me

Yours sincerely



Neil Carr
Chief Executive