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17 July 2015

Assistant Coroner R Brittain
Inner North London
St Pancras Coroner's Court
Camley Street
London N1C 4PP

Dear Assistant Coroner R Brittain

Re: Mr Keith Gallimore

I write further to your report on the above dated 11th May 2015 in which you highlighted concerns about the care delivered by the Trust to Mr Gallimore. Thank you for agreeing to extend the deadline for this response by 20 July.

I wish to thank you for bringing your concerns to our attention and I am writing to address the issues you have raised and give assurance that we have taken action to prevent future occurrences.

Following the inquest into the death of Mr Gallimore you made the following observation in logging a PFD.

'Potentially important information, documented by a service provided by CANDI, is not accessible to other services within the same Trust, without a proactive request being made. It was not clear why this restriction is in place, nor what steps could be taken if the information was required in an out of hours setting, at which point ICOPE would not be available to copy notes to RIO. Although there was no evidence that, had the ICOPE notes been available to the Crisis Team, the outcome of Mr Gallimore's case would have been different, I am concerned that future deaths could result because of this issue.'

I agree that there is a gap in information sharing between ICope and rest of the Trust, this is because of the use of different electronic patient record systems. ICope is obliged to use electronic patient records system called IAPTUS because of national data reporting requirements, whilst all other services in the Trust use electronic patient records system called RIO. ICope has an established protocol for checking all new referrals against the RIO system and for making entries on RIO where patients have either current or recent contact with the service.

Chair: Leisha Fullick
Chief Executive: Wendy Wallace

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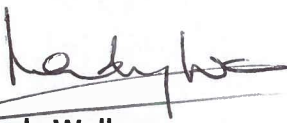
However, the problem arises when a patient presents to secondary care services (these use RiO) for the first time. There is no way of staff identifying if they are a current or past user of ICope, and even if the patient advises them that they have been attending ICope, there is no way of accessing the relevant information directly. This would require a call to the ICope services and, if this occurs out of hours, there will be no staff in ICope to provide the information. This is of particular concern for the Trust Crisis teams.

One possible solution would be for all ICope staff to enter all their patient data on RiO as well as IAPTUS. Given the number of referrals to the service (some 17,000 in the last year) this is impractical and would mostly be of little benefit. Following discussion between leads in our Acute Division and ICope it was agreed that the most effective solution would be to provide IAPTUS training to a small number of front-line staff (who provide services 7 days a week/ 24 hours a day) in the Acute Division. This means that staff working in the acute assessment teams will be able to make routine checks on all new patients against the IAPTUS system and have immediate access to the full clinical notes. All IAPT staff are already trained on the use of RiO electronic system and have access to RiO. As the Trust changes to different electronic records system Carenotes in September 2015 all IAPT staff will be trained to use Carenotes.

We have identified the teams in the Acute and staff within those teams who will receive IAPTUS training; the teams are: Psychiatry Liaison Teams at the Royal Free Hospital, the Whittington Hospital and the University College London Hospital; Islington and North and South Camden Crisis Resolution Teams, and the Bed Management team. We have agreed with our contractor for the provision of training, which will take place at the end of September.

I hope you are satisfied that we have taken action to address the concern which you have very helpfully raised.

Yours sincerely,



Wendy Wallace
Chief Executive