



NHS Foundation Trust

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Private and Confidential HMC Nigel Meadows Senior Coroner Manchester (City) Area

By email: n.meadows@manchester.gov.uk

26 September 2017

Dear Mr Meadows

Thank you for raising your concerns at the recent inquest into the death of Mr John Griffiths. Please find below the response of University Hospital of South Manchester NHS Foundation Trust (UHSM) following the inquest into the death of John Griffiths and the Regulation 28 Report which you issued on 12 September 2017.

Your concerns were set out in the Regulation 28 Report as follows:

- 1. UHSM did not appear to have a system or process that when patients attend the emergency department it is checked whether or not they have had any recent relevant presentations or admissions.
- 2. If so, then appropriate records are accessed and considered including the results of previous relevant investigations and assessments if a completely electronic patient record is introduced then this gives the opportunity for that to be achieved easily. Unless and until that occurs other checking processes need to be considered.
- 3. The learning from these events needs to be shared with the new Trust

Response of University Hospitals South Manchester NHS Foundation Trust

The ED system puts an alert on the front of the attending patient's card when the patient's details are entered into the system, which identifies how many previous attendances the patient has had in the last 2 years. An alert runs across the top of the electronic record as a prompt for the clinician to refer back to previous attendances if required. When Mr Griffiths attended on the 28 March 2017, the system successfully identified that he had attended once in the last 3 months and twice in the last 2 years. The Emergency Department will attempt to take a history from the patient and collateral history from those in attendance with them. The decision to refer back to the earlier admission on the electronic record is an individual decision and the alert is a prompt within the system to ensure the clinician is aware of previous attendances.

As described by within her evidence the systems in place to identify a patient's relevant clinical history when presenting at the Emergency Department will be enhanced by the introduction of

















the Electronic Patient Record System (EPR) which is envisaged to be phased into use later in the year (roll out is intended to be November 2017).

I can confirm that the Trust will share your report and this response with the board of the new Trust.

The Trust takes all concerns extremely seriously and patient safety is its priority. We hope that our response corroborates the information provided to you during the inquest hearing and assuages your concern in this regard.

Yours sincerely,

Toli Onon Medical Director

University Hospital of South Manchester