

# Wrightington, Wigan and Leigh

NHS Foundation Trust

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25<sup>th</sup> October 2017

Dear Mr Walsh

## **Regulation 28 Response: Terence Ryan (Deceased)**

Thank you for your Regulation 28 report dated 8<sup>th</sup> September 2017.

I understand that an inquest relating to the death of Terence Ryan took place on 24<sup>th</sup> August 2017. I have been fully advised of the circumstances relating to Mr Ryan's death and have read your report. I am grateful to you for bringing these concerns to my attention.

I would like to take this opportunity to respond to the issues raised in your report and to advise you of the actions already undertaken by Wrightington, Wigan and Leigh NHS Foundation Trust ("the Trust") and the ongoing action in respect of this matter.

I am aware that you have the following concerns regarding the care provided to Mr Ryan:

1. The evidence at the Inquest revealed that Wrightington, Wigan and Leigh NHS Foundation Trust does not have a protocol with regard to patients who self-discharge from the hospital, particularly where they may be receiving necessary medication in the form of anti-coagulation treatment. At the Inquest the Deceased was identified as a vulnerable patient and the absence of a protocol is even more important in relation to a vulnerable patient.

There is no protocol to contact the Police, General Practitioner, family or Social Services to bring it to their attention that a patient has self-discharged so that they become aware and they can make contact with the patient following his discharge to ensure that he has appropriate support and necessary medication.

I appreciate that, in light of these concerns you have requested that the Trust conduct a review of policies, procedures and protocols in relation to:-

- I. Patients, particularly a vulnerable patient, who self-discharges from the hospital without necessary medications so that all Health Professionals, including doctors, can be aware of the protocols if a patient self-discharges from the hospital in circumstances similar to the Deceased.

Please can I assure you that the Trust **does** have a Policy for "Self-discharge Against Medical Advice". I enclose a copy of this policy for your information. This version of the Policy was approved in November 2014 and was in place at the time that Mr Ryan was treated at the Trust.

I am aware that on 10<sup>th</sup> November 2016 Mr Ryan self-discharged against medical advice and left the hospital without waiting for a discharge notice or his medication. When Mr Ryan had expressed a desire to self-discharge the doctor attended and tried to establish the reason for the desire to self-discharge. The doctor discussed the treatment and mobilisation plan with Mr Ryan and explained the need to stay in hospital, particularly in light of his history of DVT. Mr Ryan initially agreed to stay, however later the same day the doctor was informed that Mr Ryan had decided to leave against medical advice and had left without his medication.

Following Mr Ryan's discharge on 10<sup>th</sup> November 2016 there is no record of any contact with the GP and no discharge letter was sent to his GP. The Trust acknowledges that this was not an acceptable standard of care and represented a failure to comply with the Trust's own policy.

The Policy for Self-Discharge Against Medical Advice states at paragraphs 4.4 and 4.5:-

#### **4.4 Consultant/Clinical Team**

*The Consultant or other clinicians in the team are responsible for:*

- 4.4.1 *Utilising this policy to support and minimise the risks associated with the self-discharge of any patient in their care against medical advice.*
- 4.4.2 *Establishing the reason the patient is wishing to take their own discharge and address any issues that can be resolved.*
- 4.4.3 *Explaining to the patient the reasons/benefits for remaining in hospital and give the patient the relevant information in order for him/her to make an informed decision.*
- 4.4.4 *Being aware of any concerns expressed regarding a patients' mental health and ensure a mental health assessment has been carried out if issues such as self-harm / harm to other has been identified.*
- 4.4.5 *Ensuring that all patients who self-discharge have a completed EPR discharge letter sent to the patient's GP.*

#### **4.5 Ward Manager/Senior Nurse/Nurse in Charge**

*The Ward Manager/Senior Nurse/Nurse in charge has a responsibility to:*

- 4.5.1 *Utilise this policy to support and minimise the risks associated with the self-discharge of any patient in their care against medical advice.*
- 4.5.2 *Immediately inform the consultant or another clinician in the team when a patient expresses a wish to self-discharge against medical advice.*
- 4.5.3 *Contact the site co-ordinator/manager out-of-hours when advice and/or information regarding self-discharge process is necessary.*
- 4.5.4 *Establish the reason for the patient wishing to take their own discharge and address any issues that can be resolved.*

- 4.5.5 *In conjunction with the doctor explain the benefits of remaining in the hospital to the patient in order for the patient to make an informed decision.*
- 4.5.6 *Involve family and friends to try and dissuade the patient against taking his/her own discharge. This must only be done with the consent of the patient.*
- 4.5.7 *Document the details of the self-discharge process is completed and filed in the patients' medical records.*
- 4.5.8 *Inform their direct line manager as soon as possible that the patient has taken their own discharge.*
- 4.5.9 *Report this as an incident via the Trust's DATIX system.*

The doctor who reviewed Mr Ryan on 10<sup>th</sup> November 2016 did try to establish his reason for wanting to self-discharge to try to address any underlying concerns; he did explain to Mr Ryan the reasons/benefits for him staying in hospital and provide him with the relevant information to enable him to make an informed decision. He also explained the medical implications and associated risks to self-discharge against medical advice, thereby using the provisions of the self-discharge policy to an extent, to support and minimize the risks associated with the self-discharge of the patient against medical advice.

However, I appreciate that neither the treating doctor nor the nurse were aware of the Trust's policy and this is unacceptable. Given the lack of awareness of the policy, it may be that the necessary consideration was not given to Mr Ryan's status as a vulnerable patient. It is also accepted that there was a failure to complete an EPR discharge letter and send this to Mr Ryan's GP, as required under the self-discharge policy and in fact, as is required for all patients on discharge. The failure to comply with this policy is unacceptable and resulted in the provision of care below the expected standard.

### **Bulletin**

I have been informed that a bulletin with the key requirements of the Policy for Self-Discharge Against Medical Advice has been prepared for both clinicians and for the nursing staff to heighten awareness of the policy and ensure compliance. This information has been and will be shared/communicated in the following ways:

#### ***In respect of clinicians:***

- The requirements of the Trust's policy for "Self-Discharge Against Medical Advice" was discussed at the Audit and Governance meeting on 18 October 2017. This meeting is attended by senior clinicians and heads of departments who then communicate this information back to staff.
- The outcome of Mr Ryan's Inquest and the requirements of the Self-Discharge policy has been communicated at the Divisional Quarterly Executive Committee (DQEC) Meeting which is attended by senior clinicians.
- The bulletins with the key requirements of the policy have been put on the agendas for all specialty meetings and sent to specialty governance leads for cascading to all consultants.
- An email has been sent from [REDACTED] Medical Director to all Consultants and Specialist Associate doctors across the Trust enclosing a copy of the self-discharge policy and the bulletin with the key requirements of the policy for clinicians, with a request that they communicate this information to all junior doctors within their specialty to confirm that all are aware of and are complying with the policy.

- The policy will be discussed at the junior doctors' induction training and a copy of the policy and the document highlighting the key requirements for clinicians is to be emailed to all junior doctors via the medical staffing coordinator.

### ***In respect of nursing staff:***

- The self-discharge policy and the bulletin with the key requirements of the policy for nurses has been put on the agenda for the Senior Nurses meeting, this information will then be cascaded down to all nursing staff by the senior nurses.
- In advance of this meeting an email has been sent to all the senior nurses across the Divisions attaching the policy and the bulletin with the key requirements for nurses to heighten awareness and compliance with the policy.
- The Policy and the key requirements for nurses will be included in the 5 point communication form which is forwarded to all wards and departments and all nursing staff will be required to complete a "read and sign" document to ensure that they have read the requirements of the policy for what they are to do if a patient wishes to take their own discharge.

Both of these bulletins will also be included in the News Brief and Team Brief which is communicated to all staff Trust wide. The News Brief is a weekly email sent to all staff, I am aware that there will be link to these bulletins in this email to enable staff to review the recommendations of the policy for Self-Discharge Against Medical Advice. The Team Brief is a monthly power point presentation which is communicated by line managers to staff at their monthly team meetings. The bulletins will be incorporated into the Team Brief power point document and will be communicated to staff at monthly team meetings across the Trust to ensure awareness of and compliance with the requirements of the policy.

### **Self-Discharge Policy and Discharge Letters**

As you will be aware the Trust has now implemented a Hospital Information System (HIS) which is an electronic patient records system. Discharge letters are generated electronically through this system. I have been informed that as part of the audit of this system, the Ward Manager will receive a daily list of the patients for whom a discharge summary has not been completed. This is a real time audit so action can be taken to rectify this issue immediately and a discharge summary can be sent to the patient's GP as the patient is being discharged/shortly after their discharge from the hospital.

In respect of the requirement for a discharge summary/letter, the HIS system does not distinguish between patients who have been discharged by a doctor and those who have taken their own discharge. As such, all patients will have a discharge letter sent to their GP and any failure or delay to provide this will be picked up by the Ward Manager and rectified.

In addition, I believe that the Trust's medical coders, who attach a code to each patient to help categorise patients to enable data to be collated, now assign a code to any patient who has self-discharged. At the end of each month an audit is conducted of the patients with a self-discharge code to check that a discharge letter has been sent to each patient's GP. For any patients without a discharge letter, the Division is notified and a letter is sent to the patient's GP urgently.

I trust that these systems provide reassurance that a situation such as occurred in Mr Ryan's case will not be repeated.

The HIS system is audited and work is currently being undertaken to develop a more sophisticated audit system to assess the quality of the information recorded on HIS. As such the Trust is continually seeking to improve its systems to ensure the best care possible for its patients.

### **Continued action**

As noted above several changes have already been put in place following Mr Ryan's sad death and the following actions will be taken:-

- Information as to the requirements of the self-discharge policy will continue to be communicated to staff through the channels as outlined above to heighten awareness and ensure compliance with the policy.
- Development of the auditing of the HIS system to ensure that any failure to provide or a delay in providing a discharge summary will be identified and rectified in real time.

The above actions will be monitored via the Trust's Quality and Safety Committee which is chaired by a Non-Executive Director and attended by several members of the Executive team, including the Medical Director and Director of Nursing.

I hope the above response is a testament to how seriously the Trust considers the concerns raised by Mr Ryan's death. I can reassure you that WWL has and will continue to learn lessons from Mr Ryan's care and the Trust is constantly seeking to improve the service we offer to our patients.

Please can I pass my sincere condolences to Mr Ryan's family for their loss.

If you have any comments or suggestions in relation to the proposed actions above, I would be only too pleased to hear from you.

Yours sincerely



Andrew Foster CBE  
**Chief Executive**