



Please ask for the Medical Director's Personal Assistant

Medical Director's Office
3rd Floor, Trust Headquarters
City Hospital Campus
Hucknall Road
Nottingham
NG5 1PB

[REDACTED]
13th July 2021

Miss Laurinda Bower
HM Assistant Coroner for Nottingham City and Nottinghamshire
HM Coroner's Court
The Council House
Market Square
Nottingham NG1 2DT

[REDACTED]
www.nuh.nhs.uk

Dear Miss Bower

Inquest: Morris Reddington - Prevention of Future Death Report [PFDR] Response

Please find attached a joint commentary prepared by the Medical Directors from Nottingham University Hospitals NHS Trust [NUH], Sherwood Forrest Hospitals NHS Foundation Trust [SFH] and the East Midlands Ambulance Service NHS Trust [EMAS]. This is in response to the Preventing Future Deaths Report issued to the aforementioned organisations following the inquest into the death of Mr Reddington.

As Medical Directors for NUH, SFH and EMAS we have met to coordinate the associated work following receipt of the PFDR.

Our response to the concerns identified in the PFDR have been informed following work undertaken by colleagues across the system including the Caldicott Guardian/Clinical Lead for ICT, Transformation Digital Business, Nottinghamshire Health Informatics Service (NHIS), Deputy Divisional Directors for Quality/Safety and Trust leads for Patient Safety, Quality and Governance.

The actions either taken or planned in response to the learning from the inquest are summarised below. The oversight of the delivery of these actions will be through our respective Quality and Safety Governance Committees, with Executive oversight. Sub Committees of our Boards will receive a progress report.

I hope that this commentary provides assurance that we are committed to learning from this, and other incidents to significantly enhance the care of patients across the local Integrated Care System (ICS).

Yours sincerely

[REDACTED]
Medical Director [NUH]
[REDACTED]

[REDACTED]

Medical Director [SFH]

[REDACTED]

[REDACTED]

Executive Medical Director [EMAS]

[REDACTED]

cc: [REDACTED], CQC Inspector and CQC Freedom to Speak up Ambassador, [REDACTED]
[REDACTED], Chief Nurse, NHS Nottingham and Nottinghamshire Clinical Commissioning Group.

Concerns identified through the PFDR

I heard evidence that the Ambulance Service had replaced their paper-based Patient Report Form with an electronic system, many years previously.

The electronic Patient Report Form ('ePRF') is an important template which records all of the pre-hospital interaction with the patient. It forms a crucial part of the professional-to-professional handover of care, and is an adjunct to the concise verbal handover that takes place in the Emergency Department.

The Ambulance Service told me they expect the ePRF to be reviewed by ED staff, rather than staff simply relying on the verbal handover, which can be challenging in the context of a busy hospital environment.

At the point of roll out of the new electronic system, Ambulance Service personnel attended the local Emergency Departments to install software that allowed ED staff to access the electronic Patient Report Form hub from their hospital computers. Further to installing software, the Ambulance Service had also provided ED staff with personalised login details and training to ensure they knew how to access the patient information.

I heard evidence from ED staff that despite having logins and having received training, they did not routinely access the system to review the electronic patient report form. The rationale for this omission, was that the software was "clunky" to use and in some cases it could take up 5 minutes to isolate the correct form; time that busy ED staff do not have. Both Trusts accepted that it had become practice not to review the ePRF but instead to rely upon the verbal handover alone.

In this case, had ED staff reviewed the ePRF early in the admission, they would have appreciated from that documentation that Mr Reddington had been suspected of having a stroke, rather than a simple a head injury. His care would then have been provided in accordance with the stroke pathway much earlier in the evening.

I am concerned that ignoring a written handover from a fellow medical professional is not a safe or proportionate solution to the difficulties faced of accessing the electronic system.

I am further concerned that this practice of ignoring the written handover appears to have persisted for a long time without the organisations reaching a sensible solution.

While the Ambulance Service are taking steps to upgrade the system at another local hospital, I heard evidence that there was no agreed plan or date for seeking to resolve the system issues at Kingsmill or Queens Medical Centre.

Whilst ever this problem persists without resolution, there is a risk of future deaths due to failures in the handover of patient information at the point of transfer of care.

Response to the concerns identified through the PFDR

As HM Assistant Coroner identified from the inquest evidence, the key reason that regular use of the information in Patient Report Forms had fallen away since the change from paper to electronic form is that access became more cumbersome. A new login and password had to be set up and maintained, another Trust's unfamiliar system navigated, and that system did not automatically link with the existing record management systems used by each hospital Trust. A further complication is that often the ePRF is not finalised until after the EMAS crew have departed the receiving hospital.

However, a technical solution has now been identified and is in the process of being implemented. The details are set out below, along with the projected timescale. The solution involves the EMAS IT system automatically pushing out drafts of the ePRF to the receiving hospital as soon as it is chosen. As the two hospital Trusts do not use identical IT systems for record management, each will handle this data in different ways, although the end point – immediate access to the finalised ePRF for clinical staff, and filing of the report within the patient's hospital record - will be achieved at both Trusts. Once implemented EMAS intend offering this solution to other acute hospitals' IT services.

In the meantime, each hospital Trust has implemented a less automated workaround in their Emergency Departments and other direct receiving areas, and ePRF data is already more easily available to clinical staff. Staff at both hospital Trusts have been informed of this and reminded of the importance of accessing the ePRF data in addition to receiving a verbal handover from EMAS.

Immediate Actions Taken:

NUH

- The importance of accessing the EMAS ePRF in the Emergency Department has been reinforced with all staff receiving patients.
- The NUH Digital Services team have been given access to create EMAS ePRF logins directly for NUH staff, avoiding the need for this to be done by EMAS.
- EMAS ePRF logins have been issued by the NUH Digital Services Access and Training Team to all staff identified as needing access.
- An EMAS ePRF system link has been installed on all clinical PC desktops and on the Nervecentre system to increase access to this system.
- The NUH Emergency Department is virtually paperless (with only ECG's and prescriptions being on paper, with prescriptions due to move over to Nervecentre in 2022). The clinicians are well accustomed to viewing information electronically and printing these forms would not meaningfully improve the efficiency of the record viewing.
- All Heads of Service have been briefed on the importance of having a process for review of the EMAS ePRF system for any patients received directly from ambulance crews.
- The NUH Digital Services and Clinical Governance teams have continued existing engagement with EMAS to work towards achieving automated availability of the finalised EMAS ePRF documents in core clinical systems (CareCentric and DHR) – as detailed below.

SFH

- The importance of accessing the EMAS ePRF in the Emergency Department has been reinforced to staff receiving patients.
- Prior to the inquest steps had already been undertaken to refresh the logins ED staff had to the EMAS system.

- Immediately after the inquest, as an interim measure whilst awaiting system improvements, ED reception staff were instructed to access the EMAS portal and print the ePRF within 30 minutes of a patient's arrival, and place this with the patient's ED record. This has since been refined to a PDF print being produced and saved in SystmOne, which is the medical record system used in SFH ED.

NUH, SFH, EMAS

- NUH and SFH have formally requested data to be shared by EMAS, which has been approved. A Data Protection Impact Assessment (DPIA) is currently in the final stages of being completed and reviewed.
- Both NUH and SFH continue to receive all images taken and ECGs recorded from EMAS.
- NUH and SFH continue to have access available to view the ePRF and ED staff have accounts to access this, along with staff receiving patients directly in other admission areas. EMAS has trained two staff from NUH in the EMAS account management, so new ones can be created directly, if required. SFH have implemented a print to PDF solution for all ePRFs.

Implementation of Automated Solution and Timescales:

An automated system has been identified by the three Trusts working together, along with their informatics service providers. There will be two parts to this which are detailed below: a common process whereby EMAS systems automatically push the draft and then final ePRF data to the receiving hospitals so that it can be made available to clinical staff without the need for additional logins; and differing processes at each hospital Trust that dovetail with the record management systems each use.

A visual summary of the solution is set out in appendix 1

Common process

- EMAS attend scene, and crew start to record ePRF data in SIREN, which is transferred in real time to a data centre run for EMAS by Leicestershire Health Informatics Service (LHIS) and converted to Fast Healthcare Interoperability Resources (FHIR) messages. This already occurs.
- Once implemented, as soon as the EMAS crew select the destination hospital LHIS will automatically start pushing the data from the draft ePRF at five minute intervals to the selected receiving hospital Trust's informatics service where it will be automatically placed onto the Trust Integration Engine (TIE) which co-ordinates transfer of data between systems. Once marked as finalised by the EMAS crew there will be one last push of data, which will include a PDF version of the ePRF (which contains the full data already available through the portal system).
- Subject to any unforeseen technical challenges the automatic push of ePRF data by EMAS to NUH/SFH is in test prior to full implementation.

NUH process

- NUH will use the final PDF document following finalisation of the record after handover, and not any of the draft data entered before this process. This removes any risk associated with viewing a record that has not been finalised. These PDF documents will be automatically transferred to CareCentric. This system is directly linked from Medway (the ED clinical system) and is used over 10,000 times per month in NUH to access GP record summaries and other community information. In addition, NUH will automatically 'push' the EMAS ePRF documents into DHR (the Trust's scanned electronic document management system) for immediate clinical review and longer term visibility alongside NUH records. The DHR element of this is anticipated to be live by September 2021, although there is a delay with the CareCentric element. This is anticipated to be resolved before the end of the calendar year.
- Weekly checkpoint meetings with relevant stakeholders are in place, supported by [REDACTED] [REDACTED] (the Trust's Chief Clinical Information Officer). When the automated solutions are live there will be Trust-wide communications about how to access this information.

SFH process

- SFH uses SystemOne for its electronic ED record. Upon receipt by NHIS (SFH's informatics service provider) the ePRF data will be automatically added to the SystemOne record, and will be accessible to clinical staff without any additional login.
- As soon as the finalised version of the ePRF reaches SystemOne a patient status alert icon will be added to the SystemOne ED whiteboard displayed in the King's Mill Hospital ED, making clinical staff aware that the finalised ePRF is available for viewing.
- In addition, NHIS are developing an ePRF web viewer that will be accessible from SystemOne without additional login. This will mean;
 - ED staff can review the draft ePRF at any point after EMAS select the hospital – on occasions advanced information is useful.
 - ED staff can see all ePRFs, even those not yet matched to a patient (e.g. unconscious patient, no personal details obtained).
 - Clinical staff outside ED (who generally do not have SystemOne access) will be able to access the ePRF without additional login, via a link to be placed on the in-patient Orion system they use.
- NHIS have a project team working on implementation, with SFH oversight. Whilst there is an effective non-automatic workaround now in place that provides ED staff with easy access to ePRFs, the following timescales for the automated process are envisaged:
 - SFH ePRF Web Viewer – end August 2021.
 - Automatic integration into SystemOne – this is dependent on NHS Digital (the national NHS IT body) completing their current development of national FHIR standards for document distribution, before TPP (who supply SystemOne) can add the ePRF to patient records. Whilst this is outside SFH's control, SFH are pushing for the earliest possible resolution (but may well not be implemented for several months at least).
- As each stage is implemented there will then be Trust-wide communications and training on when and how to access the EMAS information.

Patients who subsequently transfer between SFH and NUH

- As described above, NUH will be using the Nottinghamshire CareCentric Portal as their main conduit for ePRFs. SFH will also automatically add the finalised version of the ePRFs they receive to CareCentric, which will allow clinical staff at each hospital Trust to view ePRF data for patients initially taken to the other Trust.
- In addition, it is standard practice for a printed copy of the Emergency Department notes to accompany any patients seen in an Emergency Department who are subsequently transferred for ongoing care.

Summary

The actions set out above are intended to address the matters of concern identified in the Prevention of Future Deaths report in relation to ensuring that the ePRF record is more easily accessible to staff across the respective organisations in support of safe handover, and for wider benefits. We hope this response provides both you and the family of our joint commitment to learning from this case to significantly enhance the care of our patients.

Appendix 1: Visual representation of automated process

