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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Eich Cyf Your ref:

Ein Cyf /Our Ref:

Dyddiad/Date: 30<sup>th</sup> April 2015

☎ Direct line/Rhif llinell union:

✉ Email:

Dr Sarah-Jane Richards  
Assistant Coroner  
Powys, Bridgend and Glamorgan Valleys  
Rock Grounds  
First Floor  
Aberdare  
CF44 7AE

Dear Dr Richards

**Brian Francis (Deceased)**

I write further to the Regulation 28 Report you issued following the inquest held on 20<sup>th</sup> February 2015 where the conclusion was natural causes.

Prior to the inquest the Health Board provided you with an action plan which had been implemented following the death of Mr Francis. I have enclosed an updated action plan and have detailed below the Health Board's response to your concerns that future deaths could result if action is not taken.

The Health Board has taken the following actions in the area of:

1. **Ensuring patients once "clerked" within emergency medicine have prompt Consultant review.**

The Quality standards from the Society for Acute Medicine  
[www.acutemedicine.org.uk/index.php?option=com\\_content&view=article&id=214&Itemid=90](http://www.acutemedicine.org.uk/index.php?option=com_content&view=article&id=214&Itemid=90)  
and Royal College of Physicians acute care toolkit recommendations,  
[www.rcplondon.ac.uk/act2](http://www.rcplondon.ac.uk/act2) require all patients to undergo consultant review within 14 hours of arrival.

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- Chairman/Cadeirydd: **Professor Andrew Davies**
  - Chief Executive/ Prif Weithredydd: **Mr Paul Roberts**

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The systems in the Princess of Wales Hospital have been reviewed, in the light of this serious incident and have been enhanced to ensure all emergency medical patients admitted to the hospital are reviewed by a senior clinician or consultant within 14 hours or sooner if clinically indicated.

There are two entry points through which patients who may require emergency medical admission come into the hospital: The Acute Medical Unit (AMU) and the Emergency Department (ED). The AMU accepts referrals from General Practitioners and the ED assesses patients who arrive at the hospital independently or via ambulance transportation. Every day there is a consultant physician on call and he/she will carry out two rounds in each 24 hours and be available when called to assess or provide expert opinion on patients that members of his/her junior team feel need to be clinically reviewed.

At the two entrances there are two registers one in the ED department and one in the AMU department and these are now formatted the same way and require the consultant to sign the register when he/she has seen the patient (**Appendix 1**). This enables the nursing and medical teams to see quickly who has been reviewed and by whom and who has yet to be reviewed. This has replaced the tick box that previously existed; recognising that the ticks could have been entered by anyone and the system could not be reviewed and checked. The enclosed map (**Appendix 2**) shows the Clinical Decision Unit (now called the Acute Medical Unit) and Emergency Department are next to each other and the medical team works in both areas throughout the 24/7 service.

We will continue to monitor the system in place and the Clinical Director will review the working practices of the Consultant Physician body in this regard. The Clinical Director has reinforced to all Consultants that it is vital that they only sign the book after a review has taken place and is monitoring the system. All the teams are aware of this incident and inquest and have learned from that. They continue to monitor and review and support the ongoing pilot to develop an electronic system.

The Health Board is piloting a live electronic "work list" which allows medical and surgical teams to be notified of patients that are requiring reviews and decisions about their treatment. Initially the functionality will provide:

- A list of patients under a particular consultant's care at any particular time with the ward location (and bay/bed) of each patient
- A history of previous entries saved on the work list.
- A display to others involved in the care of the patient e.g. nurses with ability to add information (again auditable).
- A print out and electronic signature of the person inputting the data.
- All entries on the work list will be time stamped and user authenticated by the NHS National Authentication System (NADEX).

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From September 2015 a new National Emergency Department system (called Symphony) will be implemented within the Emergency Departments and Assessment Units throughout the Health Board. Initially the system will be introduced in Princess of Wales Hospital and Neath Port Talbot Hospitals in September 2015, the first sites in NHS Wales to go live with the new national system. This will be followed by implementation in Morriston and Singleton Hospitals in November 2015.

The Symphony ED system has the ability to request a specialist review of the patient and the time that request was made. The system records the time when the specialist reviews the patient and enables the specialist to record clinical notes to support the review. We have the facility within Symphony to set a target time from "request made" to "review actioned" and the patient will change colour if this time parameter is breached.

This information will be available to all Emergency staff and on-call staff.

## **2. Notification that the review has occurred to be indicated to Ward staff**

The current arrangements have been reviewed and it is clear that when a patient is admitted the clinical assessment documentation is completed by the admitting doctor. A copy of the document is attached (**Appendix 3**) and comes as a booklet rather than 8 separate sheets. Page 8 of that document has to be completed by the senior reviewing clinician. This record is sent to the ward with the patient and so ward staff can quickly identify whether senior review has taken place and the time that it took place.

Nursing staff know to seek medical review, if it has not taken place and if the patient's condition required it. The staff would use the National Early Warning Score (NEWS) to guide their actions when assessing a patient's need for review.

The Chief Nurse has reinforced the importance of nursing staff reviewing the documentation that comes to the ward with the patient as the nurses admit the patient.

## **3. For Community Health Care records to be electronically available to Emergency Medicine Departments**

A summary of the GP record is currently available in out-of-hours GP services. This national service is currently being extended for use in hospital emergency settings. Pilot projects are already underway in Cardiff and the Vale and Anuerin Bevan Health Boards and our Health Board has already indicated our eagerness to provide this service locally as soon as the pilot studies have been completed.

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I trust that the actions taken/proposed to be taken by the Health Board addresses the matters of concern raised in the Regulation 28 Report. Please do not hesitate to contact me should you require any further information.

Yours sincerely



**Paul Roberts**  
**CHIEF EXECUTIVE**

**Encs.**