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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Reply to:
Princess of Wales Hospital,
Coity Road,
Bridgend.
CF31 1RQ

☎ Direct line/Rhif llinell union: 01656 754194

📠 Fax/ffacs:

Your ref/Eich Cyf:

Our Ref/Ein Cyf: JA/jw

Dyddiad/Date: 27th September 2017

Mr. Andrew Barkley,
HM Senior Coroner,
South Wales Central Area,
Rock Grounds,
First Floor,
Aberdare.
CF44 7AE

Dear Mr. Barkley,

Inquest - The late Dennis Redmore

I write further to your correspondence dated 9th August 2017 regarding the above and the Regulation 28 notification issued.

The Regulation 28 was issued as a result of the inquest completed on 3rd August 2017 which concluded that *Mr Redmore died as a result of the effects of a head injury which he sustained when he fell in hospital. The evidence did not reveal a clear cause for the fall but it is likely that his medical condition, both acute and chronic, contributed.*

You detailed your concerns in respect of:

- Failure to monitor Mr Redmore neurologically
- Failure to act upon NEWS observations
- Failure to undertake observations in line with local and national guidance
- Lack of appropriate management of the nurse responsible for undertaking the observations

Please find below a resume of the actions we are currently undertaking and those planned. These are described in detail in the attached action plan.

● Chairman/Cadeirydd: Andrew Davies

● Interim Chief Executive/ Prif Weithredydd: Alexandra Howells

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Bwrdd Iechyd ABM yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Abertawe Bro Morgannwg

ABM University Health Board is the operational name of Abertawe Bro Morgannwg University Local Health Board

www.abm.wales.nhs.uk

Action Plan/Actions Undertaken

The following have been incorporated into a formal action plan with clear timescales and responsibilities assigned to key individuals in undertaking and monitoring of the required actions as follows:

- Staff to be reminded of the need to adhere to the ABMU neurological guidelines
- Ward sister to reiterate to the nursing team on AMU the Leadership and delegation responsibilities of the nurse in charge of each shift
- For the month of October 2017 documentation to be reviewed (audit) on all patients who have sustained a fall on AMU which will include compliance with neurological observations
- Learning from the above audit to be shared with staff in AMU and actions agreed for implementation
- Outreach team are currently auditing NEWS compliance across all acute wards in a rolling programme
- Training Needs Analysis (TNA) to be undertaken in relation to need for ALERT and Beach training in AMU
- Feedback from review of current Falls Policy and revised documentation currently on trial in Princess of Wales
- Monitor this action plan monthly to ensure compliance and adherence to timescale

In addition, the above actions will be reviewed by the Unit Nurse Director and Unit Medical Director and a summary report will be provided to the Quality and Patient Safety Committee in April 2018.

On the 10th March 2017 a Spot the Sick Patient Steering Group was set up which meet on a bi-monthly basis. One of the aims of the Group is to improve the recognition, treatment and outcome of deteriorating patients in hospital. Enclosed is a copy of the Terms of Reference of the Group for your information.

I trust that the action plan to address the matters of concern raised in the Regulation 28 notice are to your satisfaction and provide with the required level of assurance.

Yours sincerely,



Alexandra Howells
INTERIM CHIEF EXECUTIVE.



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Terms of Reference – Spotting the Sick Patient Steering Group

Type and nature

This is a standing group that aims to improve the recognition, treatment and outcomes of deteriorating patients in hospital. It will do this by:

- coordinating the efforts of hospital (Unit) – based groups with the same aims
- agreeing on standard case definitions, monitoring arrangements and treatments
- facilitating collection, analysis and reporting of clinical data

Executive sponsors

Hamish Laing, Rory Farrelly

Chairperson and vice-chairperson

Chair: Assistant Medical Director, Patient Safety.

Vice Chair: TBC

Members/Composition

Each Unit to be represented by one senior medical and one senior nursing representative

Critical Care Outreach

Emergency Medicine

Medical Director's Department

Paediatrics

Representative of the RRAILS Steering Group

Innovation and OD / Service Improvement team

Critical Care

Resus Committee

Formation Details

- The care of hospital patients who clinically deteriorate is one of the HB's main safety concerns, as reflected by its place as one of 7 Quality Priorities in the Quality Strategy.

The previous Steering Group's main purpose was the running of an improvement project to investigate obstacles and test small scale changes. This group is designed to implement the findings of that project on all wards and Emergency Departments.

It will also further test refinements to the system as dictated by experience, new scientific evidence, national initiatives etc.

It will coordinate the collection, analysis and feedback of performance data to improvement teams, Unit Management, ABMUHB management and Welsh Government as appropriate.

Goals and or objectives

1. Reduce avoidable mortality and morbidity in this group of patients
2. Improve the function of systems that enable early recognition and treatment of deteriorating patients

Deliverables

A number of outcome and process measures will need to be agreed by the group that allow continuous improvement and the necessary governance assurances.

The following data items are required by WG:

- The number of patients identified as positive to sepsis screening requiring a new response in a 24 hour period.
- Number who received all six elements of the sepsis bundle within one hour.
- Number of patients who received a positive screening for sepsis but did not receive a diagnosis of sepsis.

Other useful figures would include cardiac arrest rates; time between deterioration and resuscitation; mortality rates for sepsis.

Jurisdiction

The Group is an advisory group that helps the Unit teams deliver the above improvements. It will work by developing an ABMUHB consensus to recommend standardisation of best practice.

Resources and Budget

No identified budget.

Governance

The Group reports to the Quality and Safety Committee via the Q&S Forum every 2 months.

Decision-making will be by consensus.

Quorum will be Chair/Vice Chair plus representatives from the 4 acute Units.

Communications

Meetings will be held every 2 months with urgent issues communicated / decided by email. Minutes will be circulated with a week of the meeting.

Relationships to other groups

The Group will work closely with the RRAILS Steering Group that has similar aims at an all-Wales level.

Evaluation of the effectiveness of the committee/group

The Group will be judged by the data members collect and report, as detailed above.

Reviewed September 2017

ACTION PLAN – DR Regulation 28

PRINCESS OF WALES HOSPITAL

Aim

To reduce the risk of future deaths in relation to undertaking, recording and responding to neurological observations

Objectives

- To clearly articulate the expected standards in relation to the frequency and actions required by nursing staff when undertaking neurological observations
- To provide reliable audit information in respect of compliance with requirements in respect of neurological observations

ACTION	PERSON/s RESPONSIBLE	BY WHEN	Anticipated Outcome	Monitoring Arrangements	STATUS
<p>1. Staff to be reminded of the need to adhere to the ABMU neurological guidelines</p>	<p>Debbie Bennion</p>	<p>1st October 2017</p>	<p>Evidence that information has been circulated and shared with Matrons Evidence that Matrons have circulated and shared this information with ward sisters and this has been discussed and documented at ward meetings Information to be shared at Professional Nurse Forum meetings (PNF)</p>	<p>Monthly "Point reviews" and associated actions will be undertaken 3 monthly spot check by Matrons</p>	<p>Review monthly for 6 months and then reassess</p>

ACTION	PERSON/S RESPONSIBLE	BY WHEN	Anticipated Outcome	Monitoring Arrangements	STATUS
2. Ward sister to reiterate to the nursing team on AMU the Leadership and delegation responsibilities of the nurse in charge of each shift	Matron for AMU and ward sister	End of September 2017	All nursing staff in charge of a shift to be aware on their responsibilities	Monitoring of incidents and feedback at ward meeting	Review end of October 2017
3. For the month of October 2017 documentation to be reviewed (audit) on all patients who have sustained a fall on AMU which will include compliance with neurological observations	Matron for AMU and ward sister	November 2017	Areas for improvement to be clearly identified, training and support needs confirmed.	To be reported to QPS in November 2017	To be reviewed at end of November 2017
4. Learning from the above audit to be shared with staff in AMU and actions	Matron for AMU and ward sister	November 2017	Report to be presented with clear findings and actions taken developed with clear outcome measures	Report to be presented to Quality & Patient Safety Committee (QPS) in November 2017	Review November 2017

ACTION	PERSON/s RESPONSIBLE	BY WHEN	Anticipated Outcome	Monitoring Arrangements	STATUS
agreed for implementation					
5. Outreach team are currently auditing NEWS compliance across all acute wards in a rolling programme	Amanda Jackson	October 2017	Outcome of audits presented at Sick Patient Group Outcome of audits will also be presented to PNF	Monthly report to QPS.	Review November 2017
6. Training Needs Analysis (TNA) to be undertaken in relation to need for ALERT and Beach training in AMU	Matron for AMU and ward sister	October 2017	Awareness of education and training needs and targeting of additional training as appropriate	TNA to be reported at Spot the Sick Patient Group meeting in October 2017	Review October 2017
7. Feedback from review of current Falls Policy and revised documentation currently on trial in Princess of Wales	Debbie Bennion	November 2017	Revised policy and associated documentation to meet current national guidelines to be written and approved	Revised policy to be approved by Health Board Falls policy and ratified by Health Board	Review January 2018
8. Monitor this action plan monthly to ensure compliance and	Alison Cobley/Debbie Bennion	Monthly from September 2017	All actions completed by end of January 2018	Senior meetings PNF Falls Scrutiny Panel Health Board Falls	Review January 2018

ACTION	PERSON/s RESPONSIBLE	BY WHEN	Anticipated Outcome	Monitoring Arrangements	STATUS
adherence to timescale				prevention and management group Completed action plan and report to be presented to QPS	