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Coroner ME Hassell
Senior Coroner
Inner North London
St Pancras Coroner's Court
Camley Street
London
N1C 4PP

30th October 2018

Dear Coroner ME Hassell

Re: - Inquest of Collin Griffiths
Date of Incident – 23rd March 2018

I write further to the inquest of Mr Collin Griffiths, which concluded on the 30th August 2018 and the Regulation 28 Report to Prevent Future Death, issued by Coroner ME Hassell.

Firstly, on behalf of everyone at MASTA Ltd I wish to express our sincerest condolences to Mr Griffith's family.

During the inquest the evidence revealed matters giving rise to concern of a risk that future deaths could occur unless action is taken. The matters of concern are as follows:

- 1) The recording of medical conditions was entirely dependent on verbal communication, which in this instance was sub optimal. Would there be anything to stop MASTA handing out a tick box questionnaire (similar to the ones for blood donors) for patients to fill in while they are waiting to be seen? There seems to be a need for an added layer of security, rather than just relying on patients listening to a long list of conditions read out.
- 2) MASTA currently has no way of auditing whether the record a nurse makes is accurate. This could be assessed by questioning patients as they leave or by sending in a patient specifically to test this anonymously

As a company we treat any incident seriously and have acted swiftly to re-evaluate our policies, procedures and systems to ensure we are providing the best possible care to our patients. Set out below is our response to those specific concerns identified by Coroner ME Hassell (detailed above) in

the Prevention of Future Death report. The improvements made/proposed relate to those of concern by the Coroner but also extend beyond.

Actions completed prior to the inquest

1. Medical questions were reviewed, and the thymus question, which at the time of the incident read;
"Do you have any current medical conditions" with the pop up prompts for the nurse highlighting that the thymus gland was a contra- indication and should be further explored.

This was then changed to;

"Do you have any current medical conditions, including problems with your thymus gland"

This was subsequently extended further on 6th April 2018 to be a separate question

"Do you have problems with your thymus gland, or have you had a thymectomy (removal of the thymus gland)"

2. A link to the NaTHNaC site for Yellow Fever was put on the MASTA Travel Health Brief. The link goes directly onto the Yellow Fever information for travelers page, which discusses areas of concerns, when they should have the vaccination, and who cannot have the vaccination. This change happened on the 6th April 2018.
3. The traveler's vaccination record booklet has had the Yellow Fever side effects expanded upon on the 17th August 2018.
4. A mandatory thymus training module on the function of the gland, disease and disorder and when and why it would be removed has been developed and completed by all MASTA nurses who carry out all the risk assessments and provide medical advice to other Health Care Professionals within the MASTA network. This was issued on the 27th July 2018.
5. A shared learning event on the back of the incident in question has taken place with the lead MASTA nurses across the country. This took place at the lead nurse meeting on the 11th July 2018. They were asked to cascade this learning to their broader clinical teams by the 31st October 2018.
6. The contraindications to the Yellow Fever vaccine were highlighted and moved to the top of the Patient Group Directive for Stamaril (the yellow fever vaccination product name) and reissued to all MASTA nurses. This happened on the 6th April 2018.

Response to Concerns

- The medical questions, which are part of the risk assessment, have been further reviewed and changed, to break the medical questions down into individual parts, to ensure that they cannot be missed from a list of conditions - please see enclosed document 1 & 2. The



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- We are currently testing digital pads to obtain a written signature that can be stored in our bespoke medical records system. The intention is that this would be signed by the client once all the medical questions have been covered as a declaration that they have understood the questions asked and that they have read from the laminated question document.

We acknowledge that the coroner has suggested each patient complete a tick box questionnaire whilst waiting for their consultation. We do not feel this would be as effective as all the improvements detailed above. From experience patients turn up last minute for their appointments and would not therefore have the required time to digest and complete the medical questions. There is also the risk that questions without the context and ability to ask questions of a medical professional could lead to errors.

The MASTA governance team are in agreement that we should focus on ensuring that the nurse is undertaking a full risk assessment, using the enhanced medical questions, which the patient should be familiar with as they will going forwards have received them in advance - document 3, and be presented with them to read during the consultation alongside the nurse asking the questions - document 4. The intention is that they will then digitally sign at the end of the consultation to declare that they have understood all the medical questions and that they agree the information they have provided is accurate. The nurse audit will further seek to confirm that these steps have been followed by the nurses - document 5.

I would also like to add, that our clinical governance framework, coupled with increased awareness, has continued to prevent any further deaths of this nature. During one particular recent risk assessment the nurse determined, through the medical questions that the patient had undergone cardiac surgery. Whilst the client required the Yellow Fever vaccination the nurse did not give it, instead asking for a specialist letter. This letter confirmed that the patient's thymus gland had been removed during cardiac surgery. The client was not aware that the thymus had been removed in surgery.

We have also had 2 children through our clinics, who have had cardiac surgery in infancy. After reviewing their surgical records it was confirmed that both children had had their thymus gland removed and neither of the parents were aware of the removal of the gland. The nurse informed the parents to contact their GP and ask them to highlight it in their child's records for the future. These cases prompted the nurse to raise the issue with our governance team who have subsequently contacted NaTHNaC to see if they can work to ensure surgeons are aware of the risk and to fully highlight it in a patient's medical notes for their GP.

I have highlighted the examples above to show the positive impact of all the actions undertaken, and to show how our nurses are raising awareness in response to the shared learning and training updates they have received, to mitigate the event of any such events reoccurring in the future.

medical questions were first changed on the 6th April 2018 and then again on the 16th July 2018. Further improvements are currently on the staging site (a test environment) ready to go live w/c 29th October 2018.

- We have written a fact sheet detailing all the medical questions that a traveler will be asked during the consultation and the reasons why the questions are important. This fact sheet will be emailed out to travelers before their consultation, along with the Travel Health Brief - please see enclosed document 3. This factsheet is currently going through final review stage before going live.
- The clinics will be provided with the new medical questions in a laminated document to be given to travelers to read through with the nurse, as they go through their individual risk assessment, preventing any misunderstanding - please see enclosed document 4. The draft has been sent to the marketing team to format on the 26th October 2018
- We have written an audit for the nurses, to ensure that the assessments are being completed in full, looking at how the risk assessment is conducted, but more specifically looking to ensure the following actions are taken;
 - The nurse asks that the client received the medical question factsheet.
 - The nurse reads an opening statement before the medical questions are asked to highlight the importance of giving their full medical history as we do not have access to medical records.
 - The nurse is observed to give the client a copy of the medical questions, to read through while she goes through the assessment.
 - The nurse fully documents all the medical information given by the client, and areas where they have asked for clarification.
 - The nurse fully documents the names and advice given if they contact the medical team.
 - The nurse fully documents in the medical records if a vaccination cannot be given due to a contraindication, and the further medical information that they have requested from specialist if required.
 - The nurse is observed to give and fully document post injection advice and possible side effects and that the travel passport has been given for future reference.

This was completed on the 9th October 2018, please see enclosed document 5

- Face to face audits have been carried out at selected clinics in October and this will be alternated monthly going forwards to ensure that all clinics are covered; then this will be reviewed and any clinics of concern will be issued with an action plan and re-audited; this will work on a rolling basis. Previously this had been a bespoke audit, but has now been written to ensure consistency, in re-audit. Re-audits of 3 clinics have been scheduled during November 2018.



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I hope that this response provides you with sufficient assurance that we have acted with diligence, thoroughness and commitment to ensure necessary actions have taken place/will take place to reduce the likelihood of a repetition of the tragic accident that led to the issuing of this Prevention of Future Death report.

Finally, we believe that all other UK Yellow Fever Vaccination Centres should be required to take similar preventative steps to ensure that a similar event does not occur within their clinical settings, with NaTHNaC taking the lead to implement such initiatives as described by us.

If you have any further questions please do not hesitate to contact me

Yours sincerely

Emma Caudwell
General Manager