GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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Date/Dyddiad: 04 May 2020
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Private & Confidential
David Regan
Her Majesty's Assistant Coroner
South Wales Central Coroner Area
Coroner's Office
The Old Courthouse
Courthouse Street
Pontypridd
CF37 1JW

Dear Mr Regan

Re: Regulation 28 – Mr Darren John Goddard

Thank you for your correspondence in relation to the above Regulation 28 report, which details your areas of concern following the conclusion of the inquest held on the 22nd January 2020into the sad death of Mr Darren John Goddard.

Please be assured that the Health Board has taken this matter extremely seriously and action is being taken to address the matters highlighted during the inquest and those raised by you in the Regulation 28 report.
We sincerely apologise to Mr Goddard's family and would like to assure them that we have acted as directed by your findings. We accept that our language and procedures for consent fell short for Mr Goddard, as did the recognition of his septic illness post procedure and we apologise for our failings regarding this.
Medical, radiology, nursing and pharmacy staff and the patient care and safety team have been involved in the development and implementation of our action plan which is attached, including supporting evidence.

You asked us to take action as follows

1. **Review and provide definite warnings (oral and written) of sepsis when consenting patients to TRUS, and upon their discharge.**

   We have agreed a way forward to use consistent terminology regarding sepsis, and to exclude reference to the word 'rarely' on the TRUS biopsy consent form.
   This was agreed at the meeting of the Consent Working Group on the 11th March 2020.
   Following this meeting, [redacted] Consultant Surgeon, wrote to the Consultant Urologists and the Interventional Radiologists to explain the decision.
   We apologise for any lack of clarity regarding this wording during Mr Goddard's pre procedure consent process.

We apologise that Mr Goddard's family felt that the reference to 'flu-like' symptoms was misleading. This terminology is used by the Sepsis Trust who advise in their literature that sepsis, in its early stages, is often indistinguishable from flu symptoms. However, the Sepsis Trust also emphasises that patients with these symptoms should seek medical advice urgently. We sincerely apologise that we did not make this clear to Mr Goddard and his family.

All patients who have TRUS biopsies are given a Prostate Biopsy Aftercare advice sheet which states that "It is very important to see your GP, contact the out of hours service, or attend A&E if you experience symptoms of infection or SEPSIS (e.g. high temperature, feeling hot and cold and shaky, flu-like symptoms) following the procedure."

2. **Avoid patients being discharged prematurely**

We acknowledge, and apologise for, the conflicting information in the two discharge advice documents which were given to Mr Goddard.
The discharge advice leaflet headed Ward 5 stated that patients are expected to be observed for 2-3 hours post procedure, whilst the leaflet provided by the Radiology Department stated that patients normally require monitoring for around an hour.

There are no known recommendations from professional organisations as to the time period for which patients must be observed prior to discharge. Occasionally men feel light-headed, and bleeding may occur, and patients are generally asked to wait until staff are sure that neither of these occurrences have taken place. The majority of patients will leave before one hour has elapsed after their procedure, as long as they are feeling well, are able to pass urine and can tolerate oral fluids. Patients will also have their observations taken and these will need to be stable just prior to discharge. It is unlikely that patients will show any evidence of sepsis within this first hour. The Sepsis Trust confirms that patients may show signs of sepsis up to 30 days post procedures. Mr Goddard's passing has reminded us all that sepsis can develop rapidly.

We can confirm that a single leaflet, which is produced by the British Association of Urological Surgeons (BAUS), is now used, which states that patients should expect to go home on the same day, with no specific time scales given.

3. **Further training of Triage nursing staff and doctors of the sepsis 6 bundle and**

Score (NEWS) documentation, escalation and the implementation of the Sepsis 6 bundle.

[redacted] recently appointed Clinical lead for the Accident and Emergency Department has reinstated ongoing Sepsis training for medical and nursing staff, both agency and substantive. This is currently on hold however due to COVID-19 activity.

Locum Doctors are given a Locum doctor's advice card, embedded within point 12 of the attached action plan. This highlights the need to ensure that all blood results are reviewed in a timely fashion.

[redacted] will also ensure that point of care testing for venous blood gases is introduced in order to identify abnormal lactate results, which are key to the early identification of sepsis.

The learning from your report and the University Health Board's own investigations has been shared with individual staff, and also across the organisation via the Health Board's Listening & Learning Feedback Newsletter.

I sincerely hope that this information will reassure you that the Health Board has learnt important lessons from the investigation and inquest into the care provided to Mr Goddard and that effective action is being undertaken to prevent further deaths.

I would like to convey once again my deepest sympathy and sincere apologies to Mr Goddard's family for the failings identified.

Yours sincerely,

Dr Sharon Hopkins
Prif Weithredwr/Chief Executive

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