

Your ref/eich cyf:

[REDACTED]:

Date/Dyddiad:

[REDACTED]

Dept/adran:

17971 (CP)

[REDACTED]
04 January 2022

[REDACTED]

Chair and Chief Executive



Confidential

Mr 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 – Robert Wright

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 4th November 2021 into the sad death of Mr Robert Wright.

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 yourself and the Regulation 28 report.

We sincerely apologise to Mr Wright's family and would like to ensure that we have acted as directed by your findings.

You asked us to take action to prevent future deaths and you believe that our organisation has the power to take such action.

You asked us to take action on the following matters of concern.

Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.

You are welcome to correspond with the health board in Welsh or English. We will respond accordingly and this will not delay the response.

Cyfeiriad Dychwelyd/Return Address:

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg, Pencadlys, Parc Navigation, Abercynon, CF45 4SN
Cwm Taf Morgannwg University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

While outpatient referrals from a GP would have been available to the Surgeon via an IT system, his evidence was that referrals within the hospital were made on paper:

With regards to the first matter, referrals from General Practice are available on an IT system, however, these referrals are presented to the Consultant body for review on paper. The paper referrals are then triaged and patients are assigned to the appropriate clinics on an appropriate pathway.

This is an area that we are looking at and with the appointment of our new Chief Digital Officer, [REDACTED], we are planning how we can possibly present the referrals to the Consultant body online and they would be triaged and vetted accordingly. We have also looked at benchmarking our practice within CTUMHB with a neighbouring Health Board where, currently, the referrals are reviewed and triaged online.

Those paper referrals were routinely not placed on the patient's notes until 2-3 days prior to the clinic, in this case many weeks after being made:

The clinic letters, with the triage outcome, are placed in the patient's notes and are available to the Consultant team prior to the patient's appointment in clinic. However, if the referral letter were not actually present in the patient's physical notes, the medical team would refer to the Welsh Clinical Portal where the referrals are evident. We wish to note that we have moved towards the electronic patient record and a large number of patient's records are no longer available in clinics in a paper format as we recognise that relying on paper is a risk. These notes are available to medical staff online and our staff have received training onto how to access information as required.

In these circumstances there is clearly a risk that a clinician will not have available to them all of the relevant evidence regarding a patient's referral and condition:

This is true and in this patient's case, he was already on a waiting list for a cholecystectomy. Had this information been available, this would have probably not changed the outcome.

A busy consultant clinician should not in any event be placed in the position of having to look back through paper records to find a referral for a related condition which he had no reason to expect had been made:

We agree with this matter of concern and the way forward is that all records will be available for all patients electronically. A future project would be to consider

an electronic patient pathway, which would digitally map out a patients pathway clearly and where a patient is seen, by when and what the action plan would be to have a holistic approach to patients care.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Prif Weithredwr', with a large, sweeping flourish underneath.


Prif Weithredwr / Chief Executive