GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Ysbyty Gwynedd, Penrhosgarnedd,
Bangor, Gwynedd, LL57 2PW

Gwynedd Hospital, Penrhosgarnedd,
Bangor, Gwynedd, LL57 2PW

PRIVATE & CONFIDENTIAL
Mr John A. Gittins
H.M. Coroner
County Hall
Wynnstay Road
Ruthin
LL15 1YN

Dyddiad / Date: 9th June 2014

Dear Mr Gittins

Re: Request for information in response to your Regulation 28 report for the Prevention of Future Deaths in relation to the death of Mr G. P. Jones.

Thank you for your letter of 25th September 2013, including the Report for the Prevention of Future Deaths. The Health Board appreciates the concerns that you have raised around potential risks for other patients and have considered all the issues carefully.

I apologise for the delay and thank you for allowing the extra time for the Board's response to be submitted.

You indicated in the Report that your concerns related to:

> ***(1) Tests were not conducted despite being required by a clinician and this resulted in a missed opportunity to provide a diagnosis and treatment.***

A full investigation has been undertaken by the Clinical Programme Group (CPG) for Primary Community and Specialist Medicine (PCSM) and also the Infection Control and Prevention Team, addressing the issues as to why, despite three requests from the Doctor, for stool samples to be taken for this gentleman, (so that they could be sent for analysis), this was not carried out.

The Governance Lead for Primary Community and Specialist Medicine Clinical Programme Group (East region) has met with the Matron for the ward area concerned, Bersham Ward at the Maelor Hospital, to discuss this matter. During the discussion, it was ascertained that there were three occasions, over three separate days during the patient's admission, where it was documents in his medical records that a stool sample was required. This request had been made by the Clinician caring for Mr Jones, so that it could be tested for Culture, Sensitivity and Clostridium Difficile. The request had been noted in the Multidisciplinary Team (MDT) section of his records in accordance with usual practice.

All Registered Nurses are aware that they are required to check the MDT section of a patient's medical records as this is where requests and changes to a patient's plan of care are documented by the Clinical Teams. Nursing staff are required to check these notes,

as a minimum, on a daily basis to ensure that they are fully aware of any requests or updates from other members of the MDT.

It therefore appears that the request for a stool sample was an omission on the part of nursing staff. This has been discussed with them, both individually and collectively, and their practice is being monitored by the Ward Sister who has implemented an improvement plan which includes a training programme for all staff. The Ward Sister has provided an assurance to the Matron that staff are now aware of their responsibilities with regards to the obtaining of samples.

Prior to the holding of the Inquest into the death of Mr Jones, the Ward Sister from Bersham Ward attended a Root Cause Analysis (RCA) meeting, the purpose of which was to look at the issues raised regarding this patient's care. The meeting was organised by the Infection Control Team and, following discussion at this meeting, there appeared to be no clear reason as to why the task of obtaining a stool sample had not been undertaken by nursing staff. The meeting was also attended by the Consultant who cared for this patient.

As a result of the RCA meeting and subsequent discussions, it was identified that some members of staff were not fully up to date with their mandatory Infection Control training. This has now been addressed and all staff received up to date training by 3rd December 2013. Infection Control training rates are now monitored on a monthly basis across the CPG by Matrons and Lead Nurses and scrutinised at the CPG Quality and Governance meeting.

There are also paper copies of the relevant Infection Control and Prevention Policies on the ward, which will guide staff on how to manage the process of obtaining samples. Staff members also have access to these Policies on line on each ward via the BCUHB intranet. All staff members employed by BCUHB are required to undertake the Health Board's Induction Programme which includes mandatory Infection Control and Prevention training.

In the past, these meetings have been organised by the Infection Control team who would invite staff from the CPG. However, to ensure ownership by the CPG, the Associate Chief of Staff Nursing for the CPG has instructed that in future the Governance Lead for each site will now be responsible for organising these meetings.

The Matron and Ward Sister have provided further assurance to the Lead Nurse that the practice of obtaining samples has improved. This has been measured anecdotally at ward level by senior staff and through interaction with the Infection Control and Prevention Team. This improvement has also been reflected in the number of DATIX (incident reporting database) reports relating to delays or issues with obtaining samples which in this specific area has dropped to zero since the incident date. .

Following the Inquest on Mr Jones, the Governance Lead has spoken at length with the local Infection Control Team who do not feel that there are any specific issues on Bersham Ward at the current time and that there are no concerns regarding the practice of ward staff. This has been based on their ward level experience of working with the nursing staff,

including the Ward Sister, and on their own audits. The team have also noted that there have been no periods of increased incidence relating to *Clostridium Difficile* since this incident. The Infection Control team further commented that they feel that the practice of obtaining samples has improved markedly on Bersham Ward. This follows a meeting between the Infection Control team and ward staff to discuss the need and importance of ensuring that samples are sent in a timely manner.

The Matron for the relevant area [redacted] has written to all staff on Bersham Ward individually outlining the concerns regarding the failure to obtain stool samples for this patient. The letter reminded staff of their duty of care to undertake investigations in a timely manner. A copy of this letter is attached, together with a copy of the signature sheet which staff were required to sign when they had read their letter (items **3 and 4** attached to the action plan).

Matron [redacted] has also directed that the issue was to be on every Safety Briefing for a period of four weeks therefore a memo was distributed to all Clinical areas within the PCSM CPG (East), outlining the matter (number **5** on the attached action plan).

The Safety Briefing is held a number of times each day with all members of the ward team and is designed to highlight to staff any patients with issues of concern as well as sharing important ward information, for example follow up actions and infection control matters. A copy of the format of the Safety Briefing is attached for information (number **6** on the action plan).

There are also a number of Policies which guide staff on the prevention and control of infection. In these Policies the standard procedures for obtaining samples and managing infectious conditions are clearly set out for staff to follow. As stated above, these are readily available in the ward area and online and staff are expected to adhere to these processes.

The Policy concerning the management of suspected and confirmed *Clostridium Difficile* has been recirculated to all clinical areas within the PCSM CPG and a copy is attached for ease of reference (please see number **7** attached to the action plan).

Mandatory training is in place for all staff members on an annual basis. In recent months, the Governance Team in PCSM East have undertaken a "Train the Trainer" programme with the Infection Control Team and are assisting in the training of staff at ward level for times when staff cannot be released from the ward area to attend training sessions. The training which is delivered through the mandatory presentation covers the management of suspected and confirmed cases of *Clostridium Difficile* and the process of obtaining samples for testing.

As detailed in the attached action plan, this incident has been shared across the PCSM CPG on all sites within Betsi Cadwaladr University Health Board (BCUHB) i.e. Wrexham Maelor Hospital, Glan Clwyd Hospital and Ysbyty Gwynedd so as to ensure wide awareness and learning.

I shall now address the actions taken by the Infection Control and Prevention Team (ICPT).

In addition to actions taken by the CPG, as detailed above, action is being taken by the ICPT to cover all sites in BCUHB to mitigate against similar incidents in the future.

The Infection Prevention Education Programme within BCUHB was reviewed so as to ensure that education is provided to staff on all key issues. The revised programme includes education on management of patients who present with diarrhoea and the need to ensure specimens are sent to the laboratory. This came into being in January 2014.

As part of actions being introduced to reduce the number of cases of *Clostridium Difficile* infection, a communications and awareness campaign was introduced in December 2013 which is aimed at all staff. This reinforces key standard required to prevent *Clostridium Difficile* infection and all the actions that must be taken immediately a patient develops diarrhoea, including obtaining a specimen and sending it for analysis.

A plan to ensure that key standards for the prevention and management of *Clostridium Difficile* infection are highly visible and clearly understood is in the final stages of development. This work includes the use of key indicators in all wards when a case occurs. As a consequence of this, there will be an increase in the monitoring frequency of key standards and specifically includes a check to ensure that specimens are sent rapidly once diarrhoea occurs. The standards sheet is currently being finalised but a copy of the current version is attached **(11)** with RAG – red, amber, green status – ratings included as an example.

An unannounced spot check was performed across all adult wards in Wrexham Maelor between 1st and 7th November 2013 to identify patients with diarrhoea and cross check this information with stool samples received in the laboratory. Of the 456 patients reviewed, a total of 17 had diarrhoea and samples from 14 of the 17 had been sent to the laboratory for analysis. The Infection Prevention Nurses provided on the spot education to staff, reinforcing the need for samples to be taken in the 3 cases where a sample had not been sent. A copy of the spot check summary is attached **(12).**

This concludes the actions that have been taken to address the issues raised in your Regulation 28 report and I hope that you feel they have been addressed adequately. However, please do not hesitate to contact me if you require any additional information or if I can be of further assistance.

Yours sincerely

ANGELA HOPKINS
Executive Director of Nursing on behalf of the Acting Chief Executive