Leicestershire Partnership NHS
NHS Trust

A University Teaching Trust

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17 October 2013

Mrs C E Mason
H M Coroner
Leicester City & South Leicester
The Town Hall
Town Hall Square
Leicester
LE1 9BG

Dear Mrs Mason

Re. Labhuben Amarshi VAGHADIA

Thank you for your letter, dated 6 September 2013, with the enclosed *Regulation 28: Report to Prevent Future Deaths.*

I would like to reassure you, and Mrs Vaghadia's family, that Leicestershire Partnership NHS Trust have carefully considered the concerns you have raised, and put actions in place to respond to them.

Your concerns

I am aware that you are concerned that:

1. Mrs Vaghadia was visited by Community Nurse [redacted] who administered a prescribed anti-coagulant injection despite evidence of bleeding from the site of the previous injection; and

2. Nurse [redacted] reported to the Out of Hours service that Mrs Vaghadia was experiencing abdominal pain, but did not inform them of the bleeding.

Whilst these actions were not causative of Mrs Vaghadia's death, you are concerned that these actions were inappropriate, demonstrated a lack of professional insight, training and experience and that they could lead to a death in the future.

Response

The death of Mrs Vaghadia has been reviewed by the following:

1. Community Health Services (CHS) Division Senior Clinical Team

2. CHS Divisional Head of Nursing

3. CHS Clinical Directors

4. CHS Lead Nurses
5. CHS Head of Governance
6. CHS Nurse Consultants
7. Chief Nurse of Leicestershire Partnership NHS Trust (LPT)

The CHS leadership has also considered the current practice of the Community Nurses when they attend a patient to administer prescribed medication.
It is recognised that it is vital that the Community Nurses ask the right questions to ensure that it is still appropriate to administer the prescribed medication. It is the responsibility of any nurse to work within their Nursing and Midwifery Council (NMC) Code of Conduct. With specific reference to the administration of medicine nurses are required to follow the NMC Standards for Medicines Management, which clearly sets out under Standard 8 the standards for practice in administering medications. These standards include: understanding the therapeutic uses of the medicines being administered; its normal dosage; side effects; precautions and contraindications; administering or withholding medications according to the patient's condition, and contacting the prescriber or another authorised prescriber where contraindications are discovered or where the patient develops a reaction to a medication.
The CHS has a Standard Operating Protocol (SOP) for administration of medicines in the community that is aligned to the NMC guidance. CHS Division Community Nurses administer subcutaneous low molecular weight heparin only on the prescription of a prescriber. Usually the prescriber will be a doctor, such as the patients GP, or the prescriber may be a non-medical prescriber such as an Advanced Nurse Practitioner. The responsibility for the prescription ultimately lies with the prescriber. In the case of non-medical prescribing, nurses, who prescribe under this auspice do so only within their competency.
I can confirm that if it appears that the administration of the prescribed medication may be contra-indicated the Community Nurses should seek a second opinion from a Nurse Prescriber or Doctor before administering the medication. Full details of all the symptoms should be provided to other professionals to enable appropriate decisions to be made. This applies to anti-coagulant medication where there is evidence of a bleed, and other prescribed medication.

Actions Taken

It is accepted fully that part of a health professional's responsibility to communicate all relevant information to other clinicians and organisations on the specific details of a patient's condition. The CHS Division will now re-inform all health care professionals about their professional responsibility regarding this issue via a system of email cascade. Specifically the message for compliance with NMC Standards for Medicines Management will be given. Ensuring the message is conveyed will be achieved by cascading the information via their communications lead using direct emails to staff, the inclusion of key learning points of the case within the monthly briefing paper, and dissemination through the professional nurses monthly meeting by the lead nurses for physical and mental health. All CHS nurses will be re-issued with the SOP and the Divisional Clinical Director will ensure that this communication process is completed by the end of December 2013. All pertinent nursing staff in CHS will be re-issued with the SOP and the matter a topic at the team meetings. CHS lead staff will also be sharing the learning points from the case with nursing and clinical colleagues in all clinical divisions of LPT.
For further assurance I advise that within CHS division they are implementing a mobile working solution allowing all community nursing and therapy staff to access the patients' notes in their own homes. Many GP practices are linked via this IT solution allowing them the ability to communicate directly with the nurse and vice versa within the clinical record. Systems are already in place for organisations to use the Single Point of Access (SPA) for

the Division as a central route for communication. External management consultancy has also been commissioned to review and improve the processes operating within the SPA.

Community Nurse [redacted]

We have taken a number of steps to address your concerns regarding Nurse [redacted] These include:

1. Two independent assessments of the nursing practice of Nurse [redacted] by

   a. The Lead Nurse in the Community Health Service Division; and

   b. The Clinical Education Lead in the Community Health Service Division.

   Nurse [redacted] clinical skills and competencies were assessed using the Leicestershire Competency Assessment Test (LCAT) that is also used by other NHS organisations.

2. The Divisional Clinical Director [redacted]) and Lead Divisional Lead Nurse [redacted] personally interviewed Nurse [redacted] with regard to this matter.

As a result of this process Nurse [redacted] is judged to be competent in all areas of clinical practice assessed. However in response to the concerns raised a programme of training has now been arranged for Nurse [redacted] which includes medicines management training and emotional resilience training. In addition she will participate in additional clinical supervision on a monthly basis for six months and undertake a reflective practice assessment, the sum of which is to strengthen her clinical decision making skills.

Yours sincerely,

pp **Dr Peter Miller**
Chief Executive