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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Ein Cyf /Our Ref: 877
Dyddiad/Date: 18th October 2017

ABMU Health Board
Headquarters
One Talbot Gateway, Seaway Parade,
Port Talbot
SA12 7BR

Mr A R Barkley
Senior Coroner - South Wales Central Area,
The Coroner's Office,
1st Floor,
Rock Grounds,
Aberdare,
CF44 7AE

Dear Mr Barkley,

RE- INQUEST HEDLEY GREENLAND

I write further to the Regulation 28 that you issued following the inquest held on the 20th September 2017 where the conclusion was a narrative.

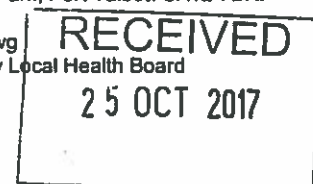
Abertawe Bro Morgannwg University Health Board provides a comprehensive training day in regard to urinary catheterisation for all Registered Health Care professionals employed by them.

The Health Board also offers this training to registered nurses within the nursing home setting, however they are not obliged to attend. The Health Board encourages providers to nominate staff to attend the various training sessions offered, unfortunately the Health Board is reliant on the provider being able to release staff to attend.

Since this incident a review has been undertaken. The Health Board have now implemented a booking and attendance system at community training which is to be recorded using an electronic central booking diary. This will ensure that accurate records are maintained of those who have attended training. It will also highlight areas where staff have not attended training.

Furthermore, where training for catheterisation was shared previously between all Continence Assessors, the Community Continence Service will now take responsibility for training community staff and secondary care will train staff in the secondary care setting.

• Chairman/Cadeirydd: **Andrew Davies**
• Interim Chief Executive/Prif Weithredwr Dros Dro: **Alexandra Howells**
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This will allow the Continence Service to structure training to the environment staff are working in.

Training dates for catheterisation have been shared with Long Term Care Team to ensure the Health Board are able to monitor attendance from each care home. The Long Term Care Team work in partnership with Local Authority to monitor standards within the care home setting, part of this process is to review each care homes training register. Care homes that are not participating in training will be identified and monitored closely to improve compliance.

The Health Board's Nursing home assessors will receive training from the Community Continence Service regarding the management of urinary catheters including documentation. This will provide an opportunity for Health Board Nursing Home assessors to share good practice and to measure practice within the Care home setting against agreed standards of practice.

Good practice documentation will be shared with the Long Term Care Team on the 31st October 2017 when the Community Continence Service and Long Term Care Team meet. This will include catheter bundles, patient urinary catheter passport for dissemination to Nursing/Care home staff. The care home sector are not currently using the above documentation in totality as the catheter passport is a new document which was recently introduced to the hospital & community setting and will now be extended to care homes.

Long Term Care Team will explore the feasibility of setting up a network of 'Continence Champions' where additional training could be provided by the Community Continence Service to cascade in all homes. Due to the large number of care home staff in the region the Health Board can offer a general level of continence training to care home staff, however, Continence Champions will be provided with a more intense programme of training to ensure they can support and advise their colleagues. Additionally, a continence e-learning link will be shared with Long Term care team for dissemination to Nursing/Care home staff.

Representative of Community Continence Service to attend the Care home providers meeting. All care homes in the region are represented in these meetings, the meeting allows care home managers and owners to receive updates and awareness sessions on relevant topics relating to health and social care. This is also an opportunity to share lessons learnt and good practice.

I trust the above information addresses the matters of concern raised in the Regulation 28 report. Please do not hesitate to contact me if you require further information.

Yours sincerely,



ALEXANDRA HOWELLS
INTERIM CHIEF EXECUTIVE