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18/2836/INQ 29 January 2019 01443 744800 01443 744889 Kellie Jenkins-Forrester@wales.nhs.uk Patient Care & Safety

Private & Confidential

Mr Graham Hughes South Wales Area Coroner Pontypridd Coroners Court Court House Street Pontypridd CF37 1JW

Dear Mr Hughes

RE: Regulation 28 - Janice Davies

Thank you for the correspondence in relation to the above Regulation 28 received on 28th December 2018, which details the areas of concern following the conclusion of the inquest held 14th December 2018.

Please be assured that the Health Board has taken this matter extremely seriously, has learnt lessons following the investigation and the matters raised at the inquest into the circumstances of Mrs Davies' death. Comprehensive and robust action has been taken to minimise the risk of any recurrence.

1. Action taken to plan and monitor improvements

A corrective Action Plan for Improvement has been developed which reflect the concerns identified within the Regulation 28 Report.

2. Actions Implemented

A number of actions have been taken forward by the Health Board, the progress with these actions is reflected in the attached action plan which include:

- The Registered nurse to personally reflect on the care given and the importance of undertaking observations and pain assessment following the administration of opioid medication.
- 2) A Standard Operating Procedure has been implemented to advise on the appropriate use of oral opioid medication in acute pain. A copy is attached.
- 3) This case has been discussed in the Rapid Response to Acute Illness (RRAILS) on 25th January 2019 and will be reviewed in the next RRAILS on 29th April 2019.
- 4) The departmental manager to ensure pain score audits are undertaken.

Return Address: Cwm Taf University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Chair / Cadeirydd; Professor Marcus Longley

Chief Executive / Prif Weithredydd: Mrs A Williams

I sincerely hope that this information and enclosed Action Plan will reassure you that the Health Board has learnt important lessons from the investigation into the care provided to Mrs Davies and that effective action has now been taken to prevent further deaths.

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

in Director of Nurs

Yours sincerely

Mrs Allison Williams
Chief Executive Officer

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