

11<sup>th</sup> February 2022

Trust Headquarters  
Royal Bolton Hospital  
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Ms C Cundy  
HM Assistant Coroner Manchester West  
HM Coroner's Office  
Paderborn House  
Howell Croft North  
Bolton  
BL1 1QY

Dear Ms Cundy,

**Re: Joan Wright - Regulation 28 Report to Prevent Future Deaths**

I am writing in response to your Regulation 28 Report to Prevent Future Deaths, issued on 17<sup>th</sup> December 2021 following the inquest touching the death of Joan Wright on 15<sup>th</sup> December 2021.

May I take this opportunity to extend my sincere condolences to the family of Mrs Wright for their loss and appreciate this will still be a very difficult time for the family.

I note that prior to the inquest hearing, you were provided with an Investigation Report, which had been undertaken by our Anaesthetics and Surgical Division. This report confirmed that a number of actions in relation to the identified care and service delivery concerns had already been taken by the Trust.

I fully support the use of Regulation 28 Reports as an important mechanism for learning. I am grateful to you for sharing your concerns that our investigation did not satisfactorily address the factors associated with the availability and accessibility of Information Technology (IT) equipment.

Following receipt of the Regulation 28 Report, our Informatics Team were asked to review the matters detailed in your report. I am now in a position to respond to your concerns as outlined in Section 5.

## Section 5 (1)

I am very sorry to learn that during the course of establishing how Mrs Wright came about her death you heard evidence that there were insufficient workable information technology facilities to enable contemporaneous documentation to be made on the wards.

The Electronic Patient Record (EPR) system was deployed to inpatient areas in October 2019. The devices were allocated based on learning from other organisations, workflows, number of beds, ward layout, EPR functionality and existing equipment. The devices included; mobile computer carts, fixed desktop computers, drug trolley laptops, tablets and 'Patient Status at a Glance' electronic 'tracking boards'. This technology was approved by each of our Divisional Leadership Teams and through the governance of the Transformation Board prior to going live with the system.

Following feedback from clinical staff, around their challenges in accessing the EPR system and associated devices, a working group was established to understand this further. This led to a test trial, which ran throughout May and June 2021, and aimed to consider the impact of supplying an additional two computers on wheels to inpatient wards. Findings, clearly demonstrated the positive impact these additional devices had in supporting staff with inputting timely, and maintaining accurate clinical records.

The results were presented to the Senior Nurse Management Team in July 2021 and the Divisional Nurse Directors confirmed the device requirements. In August 2021, Executive approval of the recommendations for additional computers was provided. Following this, in October 2021, a business case, outlining the plan for finance provision and information technology deployment, was approved by the Trusts Capital Revenue Investment Group.

An order was placed with suppliers on the 11<sup>th</sup> November 2021 and since then there has been regular liaison with suppliers in order to secure the earliest available delivery of equipment. Due to the current global shortage of data silicon chips, which is severely affecting the manufacturing of technical equipment, this has delayed delivery of the order. The suppliers have provided a provisional delivery date of June 2022, however this is reliant upon no further delays within the manufacturing and distribution chain. Once the equipment has been delivered the Technical Team will prioritise resources to build and deploy the equipment across all wards, within seven to ten days.

In addition, following the scoping of existing devices on wards, the Technical Team found that poor care of the equipment and the delay in reporting damaged equipment to the Information Technology Department resulted in avoidable equipment unavailability.

In order to address this, the wider Informatics Team are undertaking regular ward visits to support and educate the clinical staff around good housekeeping of the equipment. Wards are held to account and have the responsibility of ensuring the equipment supplied is adequately cared for, batteries for the portable equipment is charged overnight in readiness for ward rounds and that any malfunctioning equipment is reported in a timely manner. The Technical Team will be undertaking ward spot audits when attending those areas to monitor this. This was raised and discussed at the Ward Managers and Matrons meeting held in December 2021 and January 2022.

As a Trust we have a Transformation and Digital Board which tracks and monitors all developments within the Informatics and Technology Teams including the business case for the supply and upgrading of equipment on Wards.

We acknowledge there have been pressures on IT equipment and the computers on wheels, in particular across the surgical wards, where there have been competing demands from the surgical teams and nursing staff. In addition to the extra equipment ordered, a Steering Group has been established to review ward round processes and the competing demands on the equipment by various clinical staff. The work being undertaken by the Steering Group is expected to be completed by May 2022 with relevant action plans developed and in place.

Finally, I am also advised that you raised a further concern regarding the EPR system at an inquest into the death of [REDACTED]. I understand this concern related to the training that agency staff receive on EPR. The Workforce Deployment Team, who work closely with a number of agencies, have provided assurance that once a prospective member of agency staff is approved to work with the Trust a link is provided to the agency staff that enables them to undertake training on the EPR system. Once this is completed, the agency staff are then permitted to book shifts with the Trust. A separate letter to the family of [REDACTED] will be sent as agreed.

I hope that the response from Bolton NHS Foundation Trust has provided you with the assurance that we have taken appropriate action to mitigate the risk of future deaths.

Please do not hesitate to contact me in the event you require any further assistance.

Yours sincerely

[REDACTED]  
**Chief Executive**