


11th January 2024**Private & Confidential**Melanie Lee
Assistant Coroner
Coroner Area Inner North London
St Pancras Coroner's Court
Camley Street
London
N1C 4PP

Dear Madam Lee,

RE: Regulation 28 Prevention of Future Deaths Report: Jennifer Whinney

I write in response to the inquest dated 17th November 2023 and the Regulation 28, Prevention of Future Deaths report to the trust dated 27th November 2023. I am sorry that the evidence of actions undertaken to reduce line infections at the Royal London Hospital (RLH) were not made available to you ahead of the inquest, but I understand  was able to explain our actions during the inquest. I write further to this discussion to lay out the actions that our clinical teams are continuing to take at the RLH.

I note from the feedback from the trusts legal team, that you had been informed in November 2022 that a Serious Incident (SI) investigation was to be completed. I apologise for the error in this information, it was never our intention to investigate this through the SI process and you were misinformed about this. Our staff had correctly reported it on our incident reporting system (Datix ID 399559) noting the various line infections and it has been investigated locally through that route.

Ms Whinney was admitted to the RLH on the 12th July 2022 from Queens Hospital. Blood cultures were taken from her PICC line on the 12th July as part of her admission assessments. As your findings and conclusions have documented, these came back positive and were discussed with



Microbiology for treatment advice on 13th July. By the 15th July she was showing the clinical signs of infection. As a result of this timeline, it was not felt that a comprehensive SI investigation was required. However, the team did recognise that there was learning and improvements to be made. We are sorry that after this time, Ms Whinney continued to experience a recurrence of line infections during her admission. Despite not completing an SI report, the clinical team did investigate the events that affected Ms Whinney, identified the source of her infection, and took actions to make improvements to the care of all their patients.

In the summer of 2022, prior to Ms Whinney’s death, the surgical nursing leadership team implemented an improvement programme for the management of lines. This included a number of workstreams including:

- Audit and performance - monitoring & feedback
- Training and education – aimed at both nurses and medical/ surgical professions
- Improving staffing & retention - including nursing and ward housekeepers
- Ward cleaning checklists

The introduction of a multi-disciplinary Line Infection Meeting provided a forum to share learning across departments as well as the introduction and oversight of a robust action plan started in December 2022. This action plan continues to be monitored to this day with infection control practice being regularly audited across the wards. As a note of good practice, this meeting has now expanded to be the Surgical Infection Prevention and Control (IPC) and Harm Free Care Forum, it thus incorporates a number of other aspects that all contribute to improving our patients safety and promoting a positive experience for them whilst in our care. Below is the most recent section regarding the IPC action plan for reducing infections:

Issue	AIM	Action	Owner	Staff involved	Measure of success
Line Infections	To ensure particularly long line infections are clear of all known infections	To monitor insertion and Line care on all wards - local audit Training initiated - planning OSCE several dates planned Data will be brought about how best and what to collect ANTT project to start	Ward 3E	All wards Nutrition team	Nutrition audits IPC audits
ANTT	To ensure line infection are prevented, ensure all wards are above 85%	To monitor insertion and Line care on all wards - Local Audit ANTT technique training being agreed 5/5s (old) audit started on all wards	Ward 3E	All wards Nutrition team	Nutrition audits IPC audits



Nutrition	Review of MUST scores ensure all wards above 85%	To monitor compliance and actions across all wards Nutrition board Training MUST scores improving across all wards Symbiotix initiating on all wards - hostess will order - to look at who else needs training	Matron	All Wards Matron	Nutrition audits IPC audits
Staff compliance with bare below the elbows	Aim to achieve at least 90% compliance with Tendable audit. Minimise transmission of infection in the ward.	All staff are reminded about the uniform policy in daily safety briefing. Ward manager to do spot checks on weekly Noted during the strike the 3rd floor is very cold to bring to IPC board Compliance improving staff challenging poor practice	All wards	All Staff	Symbiotic audit results Tendable audit IPC quarterly audit results
High dust and low dust particularly in bay areas	Aim to achieve at least 90% compliance with Tendable audit. Aim to stay green for audit.	Escalated to patient ambassadors who are responsible for cleaning. Still not 100% = Discussed ways in changing the schedule - rotating which half starts at 07:00am so the whole ward is focused on 15 hours of funded cleaning is required extra on ward 3D	Ward 10e	Serco	Tendable audit results IPC quarterly audit results
Equipment storage Orderliness and storage (i.e., clean utility and storage area)	Aim to achieve at least 90% compliance with Tendable audit. Aim to stay green for audit.	Housekeeper to check the store room daily. NIC to check if staff allocated to do the job has done the job Review DSU cupboards - in place starting to use will feedback improvements	Ward 3D	All Staff House Keeper	Tendable audit results IPC quarterly audit results
Safety mechanism of sharps bins not being used Overfill sharps bin	Aim to achieve at least 90% compliance with Tendable audit. Aim to stay green for audit.	Educate staff the importance of the safety mechanism. House keepers to check all the bays in the morning. Repeat audit later this month - create list of all non-safe sharps found in our areas	All wards	All Staff Housekeeper	Tendable audit results IPC quarterly audit results
Patients areas clean tidy. Chair cushions and tables clean	Aim to achieve at least 90% compliance with Tendable audit. Aim to stay green for audit.	Not consistent, DSU improving, wards still highlighting concerns Check on weekly basis by ward manager Chairs and tables to be cleaned daily flipped and cleaned underneath by ward hostess Met with hostess, supervisor and matron about key responsibilities and how to achieve this on each ward	Ward 10E/ Matron	Serco	Tendable audit results IPC quarterly audit results



Medication Management	Aim to achieve at least 90% compliance with Tendable audit by IPC. Aim to stay green for audit.	Moved IV medications into the locked medication cupboard. Drug prep area and storage shelving area to be included into the daily cleaning checklist. Medication trolley to be cleaned as required and checked daily NIC to check if daily temp record are complete on each shift. To ensure all drug trolleys are clean - rota implemented on wards Include pharmacist to this meeting	All wards	All staff	Tendable audit results IPC quarterly audit results
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The work implemented by the nursing staff has resulted in improvements across the surgical wards with less line infections developing. This project has been presented at the RLH Senior Leadership Forum in June 2023 led by our Chief Executive.

The lines themselves were put in place in our Interventional Radiology (IR) department. The IR service also have a quality improvement programme of work for reducing the risk of line infections and I attach their action plan for your information also.

Issue	Aim	Action	Owner	Staff involved	Measure of success
Some staff not observing bare below the elbows.	Staff following bare the elbow protocol.	Protocol discussed in safety huddles for 2 weeks (documented in daily huddle minutes). Radiographers and Clinicians re-educated. Staff encouraged to challenge non-compliant members of team.	Sister	IR Team	IR team fully compliant.
Dusts observed in procedure rooms	Regular cleanliness maintained.	Regular damp dusting allocation for staff and creation of cleaning record.	IR IPCC Team	IR team	Cleanliness maintained and documented
Inappropriate and mix storage of items and equipment making it difficult to clean non-critical / low risk areas	Items stored appropriately. Access for Domestic to clean all areas.	Re organisation of equipment's in the non-critical / low risk areas.	IR IPCC Team	IR IPCC Team	Items stored appropriately. Access for Domestic to clean all areas.



Rusted trolleys/ gratnells	All old and rusted trolleys/ gratnells replaced.	Identify and replace trolleys/ gratnells that will need replacing.	Sister	IR Nursing team	All old and rusted trolleys/ gratnells replaced.
Damaged procedure table cushion and pillows	All damaged procedure table cushion and pillows replaced.	Identify damaged procedure table cushion and pillows then replace.	Senior Radiographer	IR Team	All damaged procedure table cushion and pillows replaced.
Inadequate cleaning of some equipment (i.e., ultrasound machine, etc.	All equipment's cleaned on a regular basis with "I am clean labels".	Creation of cleaning allocation and record for equipment's.	IR IPCC Team	IR IPCC Team	All equipment cleaned on a regular basis with "I am clean labels".
Task allocation for cleaning equipment and surfaces - unclear responsibilities	Regular cleanliness maintained.	Identification of responsibility owner and action maintained.	Senior Radiographer	IR Radiographers team	Regular cleanliness maintained.
Doors of the procedure rooms are kept open when not in use	All doors kept closed at all times.	Action mentioned in the safety briefing and morning huddle for 2 weeks.	Sister	IR Nursing Team	All doors kept closed at all times.
Appropriate plan for management of visitors scrubbing in	Protocol in place and put into practice.	Consult IPCC Team on creating a protocol/ management plan.	Sister	IR Nursing team	Protocol in place and put into practice.
Donning area prone for splash contamination	Donning trolleys relocated in all rooms.	Donning trolleys relocation for all labs/rooms and inform all staff.	Sister	IR Team	Donning trolleys relocated in all rooms.

The divisions continue to report progress each month to the hospitals IPC Committee chaired by the Director of Nursing (who is also the hospitals Director of Infection Prevention and Control, DIPC) and this maintains oversight of the hospital acquired infections.

In May and October 2023, the Clinical Lead Dietician and Lead Nutrition Clinical Nurse Specialist completed teaching sessions at forums with the multidisciplinary surgical staff (nursing and surgical professions). These sessions included teaching about practical tips to reduce Catheter Related Blood Stream Infections (CRBSI) and the Surgical Aseptic Non-Touch Technique



(Surgical ANTT) when managing surgical lines. Our Education Academy also runs an accredited surgical course for non-medical staff (nurses, midwives, and Allied Health Professionals) which includes training around line care, wound care and deteriorating patients. Furthermore, we have now updated our IPC statutory and mandatory training so that it is in line with the revised national standards.

When all undergraduate medical students and junior doctors (Foundation year 1 and 2 trainees) join the trust, they undergo IV cannulation and venepuncture training which also includes ANTT training. This is part of their core teaching programme and again it follows trust guidelines.

The Deputy Director of the Barts Health Education Academy is currently in the process of re-writing the ANTT policy with our microbiology and Infection Prevent and Control (IPC) teams. When launched, this multi-disciplinary policy will be embedded with training and competencies that adhere to national guidelines. It is anticipated that the final version of this policy will be ready by the end of January 2024.

I hope this provides you with the assurance that we take line management and infection control very seriously and that we do have improvement work underway across the Royal London Hospital but I would be very happy to discuss or clarify any of the above points if you wished.

Yours sincerely

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[Redacted name] r
Chief Medical Officer

