

**Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r
Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru**

**Director General Health, Social Care & Early Years Group / NHS
Wales Chief Executive**



**Llywodraeth Cymru
Welsh Government**

Paul Bennett
Acting Senior Coroner for Pembrokeshire and Carmarthenshire
Pembrokeshire County Council
County Hall
Haverfordwest
SA61 1TP

By email to: [REDACTED]

Your Reference: [REDACTED]

06 August 2024

Dear Mr Bennett

Regulation 28 Report to Prevent Future Deaths – Susan Margaret Williams

Thank you for your letter (dated 21 June 2024) enclosing the Regulation 28 report following your investigation into the death of Susan Margaret Williams at Withybush hospital, Haverfordwest which concluded on 19 June 2024. I was sad to hear of the passing of Ms Williams and give my condolences to the family.

I note you have also sent your Regulation 28 report to Hywel Dda University Health Board (HDUHB), This reply is from a Welsh Government perspective, I would also expect HDUHB to reply separately to you on this.

I will respond to both matters raised within your Regulation 28 report for the Welsh Government in this letter.

The first point in your Regulation 28 report notes your concern that the absence of a requirement to indicate the time at which a medicine is prescribed on the hospital medication administration chart, which is used for prescribing and recording medicines administered in all hospitals in Wales, means there is no means of determining whether medicines are administered within a reasonable time of them being prescribed.

The information which must be included on prescriptions is set out in regulation 217 of the Human Medicines Regulations 2012 as amended. Whilst there is no requirement for a prescription to contain the time a medicine was prescribed, there are clearly situations in which specifying an exact time for administration is important for the appropriate care of individual patients. The [ARK hospital medication administration record](#) which has been in

use since 2022, includes features to ensure time critical medicines are administered at the appropriate time. These features include:

- A dedicated section on the front of the chart for so-called 'stat' or immediate doses to be recorded which includes space to indicate the time the medicine is to be given. In general, where an antibiotic is to be given urgently outside the regular dosing regimen, it should be recorded here; and
- A dedicated section for antibiotic courses to be prescribed and their administration recorded which allows for the dosing regimen to be recorded with reference to the time of the day i.e. morning, midday, evening and bedtime, or where required, a specified administration time.

There are inherent risks with hard copy charts and one of the reasons why in September 2021, the Cabinet Secretary for Health and Social Care [announced plans](#) to introduce electronic prescribing and medicines administration (EPMA) systems in every hospital in Wales. All health boards are in the process of implementing EPMA solutions in their hospitals and Digital Health and Care Wales has confirmed both EPMA solutions being deployed in Wales record a timestamp for all activities which make alterations or add data to prescribing records. This includes prescribing and administration events. In future prescribing and administration events will therefore be fully auditable. Both EPMA solutions allow the production of task lists enabling those administering medicines to identify which medicines are due at any given time and any medicines which have been prescribed and which should have but have not yet been administered. An EPMA system is already in use in one health board area with two further health boards about to begin their implementation. HDUHB will shortly be beginning the implementation. All health boards are expected to begin implementation by the end of 2025.

In relation to your second point in your Regulation 28 report, the medication prescription records in emergency departments, currently in addition to the KAS card, requires all patients who are to be transferred from emergency departments to inpatient wards should have a medication administration record written for them which includes details of any medicines prescribed, administered and to be continued following transfer to another department of the hospital. The roll out of EPMA will facilitate the seamless transfer of this information either within a single prescribing solution or interoperable solutions deployed to emergency departments and inpatient wards. This will remove the need for a separate medication administration record to be provided with the KAS card.

Yours sincerely

