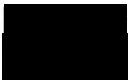
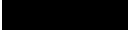
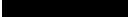



## REGULATION 28: REPORT TO PREVENT FUTURE DEATHS

	<p><b>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</b></p> <p><b>THIS REPORT IS BEING SENT TO:</b></p> <p><b>Ms. S. Noyes Chief Executive. East Midlands Ambulance Service. Nottingham.</b> <b>Urgent Care Centre, Loughborough, Leicestershire.</b> <b>Assistant Director Corporate Affairs. West Leicester CCG</b> <b>NHS England, Central Midlands.</b></p>
1	<p><b>CORONER</b></p> <p>I am Lydia Brown, assistant coroner, for the coroner area of Leicester City and Leicestershire South</p>
2	<p><b>CORONER'S LEGAL POWERS</b></p> <p>I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.</p>
3	<p><b>INVESTIGATION and INQUEST</b></p> <p>On 4 March 2015 I commenced an investigation into the death of Caroline Robey. At inquest heard on 29 September 2015 my conclusion was natural causes contributed to by neglect</p> <p>Cause of death 1a Multiple organ failure 1b Bronchopneumonia 1c Group A Streptococcal infection</p>
4	<p><b>CIRCUMSTANCES OF THE DEATH</b></p> <p>At inquest the determinations were that Mrs Robey was a fit 34 year old working mother when she became unwell. She presented on 6 separate occasions over a course of 3 days to the community health care service providers, including her General practitioner, the urgent care centre and the ambulance service.</p> <p>She was diagnosed initially with a viral infection and then diarrhoea and vomiting, but advised to remain at home. An ambulance was then summonsed and she was taken to the Emergency Department at Leicester Royal Infirmary with a pre-alert for sepsis as a time-critical patient. Despite all possible interventions on her arrival in ED and then ICU she did not survive the Group A streptococcal infection and evolving sepsis and died the following day.</p> <p>Evidence suggested that earlier intervention, on the balance of probabilities, would have treated the infection and prevented this death.</p>
5	<p><b>CORONER'S CONCERNS</b></p> <p>During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.</p> <p>The <b>MATTERS OF CONCERN</b> are as follows. –</p>

	<ol style="list-style-type: none"> <li>1. No sepsis screening tool was being used by the community health care providers, and so opportunities were lost to consider a diagnosis of sepsis and refer as an emergency for hospital admission and treatment</li> <li>2. A patient safety alert issued 2 September 2014 by NHS England clearly sets out resources available in the provision of a UK sepsis clinical tool kit, but this had not been recognised or adopted by the health care providers involved in this case.</li> <li>3. Inadequate note was taken of the number of different attendances Mrs Robey had initiated despite previous good health, and there was no suggestion she was a frequent attender or had ever sought medical assistance inappropriately.</li> </ol>
	<p><b>ACTION SHOULD BE TAKEN</b></p> <p>In my opinion action should be taken to prevent future deaths and I believe you have the power to take such action.</p>
7	<p><b>YOUR RESPONSE</b></p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by <b>Friday 11<sup>th</sup> December 2015</b>. I, the coroner, may extend the period.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.</p>
8	<p><b>COPIES and PUBLICATION</b></p> <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons:</p> <p>  (Husband)   (GP)   (GP) </p> <p>I am also under a duty to send the Chief Coroner a copy of your response.</p> <p>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.</p>
9	<p>[DATE]  [SIGNED BY CORONER]</p> <p>16<sup>th</sup> October 2015</p>