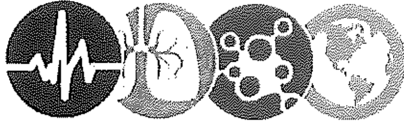

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12 February, 2018

Her Majesty's Coroner for Inner South District
Greater London
Southwark Coroner's Court
1 Tennis Street
Southwark
LONDON SE1 1YD

Dear Dr Morris

RE: Regulation 28 Reports to Prevent Future Deaths following the inquest touching the death of Harold Chapman (Date of Death 14.06.2016)

I write in response to two letters dated 19th December 2016 received from your clerk John Thompson in relation to this matter. I would like to highlight the fact that these letters were addressed to Mrs G Raikes who is the Chief Executive of the Royal Brompton and Harefield Hospitals charity and not the NHS Hospital Foundation Trust. Hence there was a delay of some 2 weeks before the Regulation 28 Reports were received by relevant staff in the Trust. An acknowledgment of receipt was sent to [redacted] by email on 02.01.18.

I note two separate Regulation 28 Reports were sent following the inquest touching the death of Harold Chapman: the first addressed to Brompton NHS Trust only and the second to the Secretary of State for Health, Barts Health NHS Trust and Brompton NHS Trust. These documents have been carefully reviewed and I now set out my response below.

Firstly, I should state that Mr Chapman was at no time a patient under the care and treatment of the Royal Brompton and Harefield NHS Foundation Trust (RBHT) and unfortunately RBHT had no opportunity to participate in the inquest or provide information which may have been of assistance in this matter.

I note that [redacted] moved from Bart's Health to RBHT as a consultant cardiologist in December 2015, 6 months prior to Mr Chapman's death. Our Medical Director and Responsible Officer, Dr Richard Grocott-Mason has discussed with [redacted] this matter and the concerns raised by you at inquest. I am keen to ensure that there are systems in place at RBHT to minimise the risk of a similar sequence of events happening here.

The concerns you have raised have been considered specifically by the inherited cardiac conditions care group, the electrophysiology care group and the wider heart division and Trust and my responses are set out below.

1. **<u>The consultant responsible for Mr Chapman's care in August and November 2015 was based at the time at Barts NHS Trust and is now employed at the Brompton. The consultant was responsible for reviewing the investigations that he (and other members of his team in their absence) had requested. There appeared to be no check mechanisms in place to ensure that this was done and appropriate action taken in line with the Guidelines.</u>**

The RBHT Sudden Cardiac Death (SCD) Service is reviewing compliance with the European Society of Cardiology (ESC) 2014 guidelines on diagnosis and management of hypertrophic cardiomyopathy. The RBHT Cardiomyopathy service (which includes SCD patients) is consultant delivered with a specialist consultant present in every clinic. Clinic letters have a standardised format including risk stratification for SCD risk (calculated using the SCD calculator) which includes regular Holter rhythm monitoring as per the ESC 2014 guidelines. All Holter tapes are reported by trained cardiac physiology technicians and findings of concern communicated directly to the referring consultant by phone or email (even if requested by a fellow). Holter monitor reports are uploaded into the electronic patient record (EPR) along with all other investigation results. Abnormal Holter results are regularly discussed at MDT meetings. MDT discussion is not a pre-requisite for ICD implant at RBHT and urgent cases are referred directly to an implanting consultant who will list the patient as appropriate. Where MDT discussion is required (complex patients or those not meeting all criteria) this occurs within 2 weeks. The non-urgent waiting time for ICD implant from time of agreement to implant is of the order of 8-12 weeks. As a result of the PFD notice the inherited cardiac conditions care group are developing a standard operating procedure for notification of potentially significant arrhythmias.

2. **There was also a concern in respect of the Holter interpretations and the presence or otherwise of NSVT on the traces. Barts NHS Trust have instigated a new introduction and training regime for its specialist clinical fellows in the interpretation of Holter readings.**

   At RBHT all Holter monitor traces are interpreted and reported by trained electrophysiology technicians. Training for cardiomyopathy subspecialty fellows in Holter monitor interpretation is provided at regular MDT meetings and consultant supervised clinics, in addition to standard training for general cardiology trainees in rhythm interpretation.

3. **During the course of the inquest, the evidence revealed during his dealings with Bart's NHS Trust and, more specifically, the lead consultant's emails were passed by Mr Chapman to the consultants. It became clear during the inquest that those emails were often not viewed and /or acted upon and as a result no response was received by the patient. It is fully appreciated that consultants are busy with their clinical responsibilities covering wards, clinics and on-call. However, if contact details are provided for 'direct access' to individual doctors/consultants it seems obligatory that those should be viewed, acknowledged and patients responded to. Patient contact with medical professionals, not just hospital related, is an important part of medical practice. While this is a huge task, it would seem possible to come up with either national or local guidelines in respect of the use of all forms of communication between patients and their clinician (covering phone and emails).**

*RBHT is in the process of exploring current practice in relation to email correspondence between clinicians and patients and, pending production of any national guidelines from the Department of Health, will consider production of local guidance to clinicians based on the NHS England Accessible Information Standard **'Using email and text messaging for communicating with patients- guidance from the Information Governance team at NHS England'** (May 2016).*

I hope you are reassured by my response to the concerns you have raised in relation to Mr Chapman's very sad death, the circumstances of which have been discussed at length and the implications for the service at RBHT acknowledged.

Yours faithfully

Robert J. Bell
Chief Executive