Our Vision
To provide every patient
with the care we want
for those we love the most

Norfolk and Norwich University Hospitals NHS
NHS Foundation Trust

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Ms Jacqueline Lake
Senior Coroner for Norfolk
Norfolk Coroner Service
County hall
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15 November 2021

By e-mail only

[redacted]

Dear Madam

Regulation 28 response – touching the death of Ben King

I am writing in response to the Regulation 28 report that I received on 23 July 2021. I hope that this letter will satisfy you that the matters of concern raised in the Report have been carefully considered by the Trust and appropriate action has been or is being taken.

The Report raises 6 areas of concerns regarding the Norfolk and Norwich University Hospital. Our response in relation to each of these is set out below:

1. Guidance was sought by Emergency Department (ED) when Ben King attended on 10 July 2020 from a Respiratory Consultant, who was not made aware that Ben King had attended some 6 hours earlier with the same symptoms.

Dr [redacted] (Emergency Department Consultant and Clinical Governance Lead for ED) confirms that the medical records for 10 July 2020 make reference to Mr King's attendance on 9 July 2020. Under the section of those records headed *"History of presenting condition" (Medical records Bundle D page 14)* the ED doctor recorded *"had presented to ED yesterday was assessed and went home …"*

As part of the medical records, this information would have been available to the Respiratory Medicine Team when Mr King was assessed by the Respiratory Registrar. It is understood that the Registrar did not specifically reference this information when then presenting a summary of the relevant facts to the consultant.

The amount of information to include when making a clinical case presentation will vary from patient to patient depending on the particular facts at the time. Dr [redacted] (Consultant Respiratory Physician) advises that the previous attendance to A&E would not be an indication for admission; although this is helpful information, it is the circumstances, clinical assessment and investigation results which are the main deciding factors.

That said, the importance of effective communication is clearly recognised and to promote good quality handovers the Respiratory team now hold a daily morning report meeting, attended by all the on-call specialities. At these meetings cases are discussed and referred to other specialities as appropriate.

2. The Respiratory on call consultant was not contacted when Mr King returned to NNUH two days later on the 12 July 2020 with the same symptoms.

Our on-call respiratory physicians are available to provide advice to the Emergency Department doctors as required and the ED staff sought such advice with respect to Mr King's case when he presented on 10 July 2020.

When to seek such specialist advice is a matter of clinical judgment and it was not considered necessary to make a further referral to the Respiratory Physicians for advice with respect to the same patient and same symptoms only two days later. This case has however been discussed through the ED clinical governance process to raise awareness of the rare diagnosis of obesity hypoventilation syndrome which can develop from obstructive sleep apnoea.

3. At the time of Ben King's attendance at NNUH, Ben King was under the Respiratory Team and had been seen a few days earlier, on the 3 July 2020. The Respiratory Team was not made aware of Ben King's attendances at ED on 9, 10 or 12 July 2020 with respiratory problems

It is documented that the on-call Specialist Respiratory team were contacted on 10 July 2020 and they assessed Mr King accordingly. (Medical records Bundle D pages 15, 20 and 21).

4. Advice given on discharge appears to be unclear and contradictory. The expert Respiratory Consultant referred to the advice as being "inadequate, unclear and inaccurate"

- ***On the Discharge Form provided on 9 July 2020 it is noted "Plan – home as Ben is back to normal, self, red flags and safety netting covered, to return in the event of any difficulty."***
- ***On discharge from ED on 10 July 2020 (second occasion) the hospital record states that Ben King is to return home, encouraged to lose weight, fluids are to be encouraged and "with no need to monitor his sats unless clinically unwell with sats in 60s%". Not all of this information was included in the Discharge Form on 10 July 2020: The Discharge Form provided under "Other" - "seen by respiratory team, they are happy to send him home, they have clerked their advice on the paper. Cpap and O2"***
- ***On 12 July 2020 the Discharge Plan provided "Home". The advice from the Respiratory Consultant seen on 3 July 2020 was for CPAP to stop. Evidence was heard from the Care staff at JCP that they were unclear as to what the plan was with regard to Ben and specifically as to when Ben was to be returned to Hospital. One of the Doctors at JCP contacted the ED, NNUH to try to ascertain what the advice was and was unable to get any substantive response. Email contact was made with the Respiratory Team but no response was received until after Ben King's death on 28 July 2020***

The importance of clear liaison and communication between hospital and community teams is obvious and the Hospital has accordingly made its electronic results system (ICE) available to clinicians in the Community and through this route they can access correspondence, such as discharge letters. This is however only an initial step towards enhancing the digital capability of our Norfolk healthcare system which unfortunately is one of the least digitally developed of any in the country. We know that establishing comprehensive and robust lines of communication will be hugely enhanced by establishing an electronic patient record (EPR) system of the type used in many other areas of the NHS. We are in active discussions with regional and national colleagues to develop the case for the EPR across Norfolk and Waveney.

In the meantime, to minimise the risk to patients:-

- the Hospital has put in place a system for GPs to contact the Hospital if information is unclear - via a nhs.net email account, which is manned 24/7 by the ED admin team, who seek the most appropriate person to respond;
- the entire ED team have been reminded to check with carers, relatives and patients that the discharge advice is clear and understood so that people know what to do if the patient's condition does not improve;
- we have appointed an Associate Medical Director with a particular role to enhance liaison between hospital and clinicians in the community/primary care.

The position with respect to discharge letters is a regular topic of discussion at Service Director meetings and is part of the monthly Performance Assurance Framework (PAF).

5. The section headed "Drug History" was not completed on the Discharge Form on Ben King's attendances on 9 or 12 July 2020. On 10 July, it states "nil significant". This is despite Ben King being prescribed Promethazine, a sedative medication, affecting the respiratory system.

Evidence was heard that not all prescribed medications could be expected to be included in "the small space" provided. That this is a medication where consideration would have been given to a risk vs benefit analysis but there was no evidence of any such analysis. Regulation 28 evidence was that not all medication can be listed; only "pertinent" medication. Promethazine would appear to be such a medication.

Given the length of time that Mr King had been taking the Promethazine medication, in the clinical judgment of the doctors that saw and assessed Mr King, this was not considered likely to be a cause of Mr King's decline and attendance at the ED. Changes/recommendations with regard to Mr King's psychiatric medication were therefore not specified.

Obesity hypoventilation syndrome is a rare condition that the ED team had not come across before. An adverse link with Promethazine has been highlighted amongst the team through the departmental clinical governance process, to inform their assessment of future patients.

6. Arterial and venous blood gas samples were taken from Ben King on his attendances on 9 and 10 July 2020, which the Respiratory Consultant said in evidence were incomparable (although this was not the evidence of the Expert Respiratory Consultant). No blood gas samples were taken on the 12 July 2020

As detailed in the medical documentation, on 9 July 2020 a capillary blood test was performed and Mr King declined further blood testing (medical records bundle D page 3). On 10 July 2020 Mr King agreed to undergo further blood testing and an arterial blood gas was obtained. The tests performed on 9 & 10 July were therefore different.

Arterial blood sampling is a medical procedure that requires particular clinical skills. It can be painful and hazardous, with a number of potentially serious complications for the patient, recognised as:

- Local hematoma (bruising)
- Damage to the blood vessel.
- Arterial occlusion (blockage)
- Infection at the puncture site
- Air or thrombus embolism
- Anaphylactic reaction to local anaesthetic

This is therefore to be exercised only with specialist equipment available and in appropriate clinical circumstances based on clinical assessment and judgment of the patient's circumstances at the time. It is not appropriate for this to be reduced to a prescriptive list. The ED team have however discussed Mr King's case and raised awareness generally of the

importance of obtaining tests when they are needed to inform the management and next stage of a patient's treatment.

I hope that this information provides you with the necessary assurance that the Trust has considered Mr King's case carefully. It was acknowledged by HM Coroner's expert - Dr [redacted] - that there was a spectrum of decision making available in this case, with admitting Mr King at one end of the range and sending him home at the other end. The clinical teams have welcomed the opportunity to discuss this difficult and complex case. They have considered Dr [redacted] opinion carefully so that they can bring understanding of that range of opinions to bear when treating future patients.

Yours sincerely

[redacted]
Chief Executive