



[REDACTED]
Sent via Post and Email to:
[REDACTED]

Midlands & East (Central Midlands)
Medical Directorate
Fosse House
6 Smith Way
Grove Park
Enderby
Leicestershire
LE19 1SX
[REDACTED]

STRICTLY PRIVATE AND CONFIDENTIAL

Addressee Only

Mrs L C Brown
Assistant Coroner
Leicester City & South Leicestershire
The Town Hall
Town Hall Square
Leicester
LE1 9BG

16 March 2016

Dear Mrs Brown

Re: **Regulation 28: Report to Prevent Future Deaths**
[REDACTED] [REDACTED]

I write in response to the Regulation 28 Report to Prevent Future Deaths sent to NHS England, Central Midlands and confirm that this case was discussed at the Performance Advisory Group (PAG), held on Wednesday 24 February 2016.

The remit of the PAG is to consider all concerns raised any relevant information and recommend options for the management of these according to the NHS England Framework for Managing Performer concerns.

The information reviewed included:

- The Coroners Regulation 28 Report
- Patient Medical Records
- Central Nottinghamshire Clinical Services (CNCS) Serious Incident (SI) report
- [REDACTED] response to Assistant Coroner, background information and Sepsis Screening Toolkit poster
- [REDACTED] reflective report

The PAG considered the case and concluded that the following actions should be undertaken:

- [REDACTED] has been requested to reflect on his record keeping at his next appraisal and on the diagnosis and treatment of patients with suspected sepsis.

The PAG was assured that [REDACTED] had shown significant reflection and learning into this case and, having considered the options put forward, agreed to close this case within the Practitioner Performance Team process.

Continued/...

High quality care for all, now and for future generations

2.

16 March 2016

NHS England has, through the local medical committee, highlighted the importance of diagnosing sepsis and the use of the sepsis screening tool (attached).

Yours sincerely


 MB ChB MD FRCGP
Medical Director and Responsible Officer
NHS England, Midlands & East (Central Midlands)

General Practice Sepsis Screening and Action Tool

Sepsis is a time critical condition. Screening, early intervention and immediate treatment saves lives. This tool should be applied to all adult patients who are not pregnant who have a suspected infection or their clinical observations are outside of normal limits

Patient groups to consider screening: those in whom you are considering antibiotic prescription or stewardship discussion, patients with "Flu", patients with gastroenteritis and the unwell patient without clear cause.

1. Might this be more than a self-limiting infection?

- Symptoms of infection (e.g. a recent history of fever)
- Acute deterioration
- Unexplained illness, especially in immunosuppressed or elderly people

N

Sepsis unlikely.
Continue usual care.

Y

2. Perform a full set of observations. Are any 2 of the following present?

Temperature > 38.3°C or < 36°C
Respiratory rate > 20 per minute
Heart rate > 90 per minute
Acute confusion, disorientation, reduced conscious level
Consider blood glucose: > 7.7 relevant in non-diabetics

N

Sepsis may be present

Evaluate whether acute referral / admission required, especially if:

- already on antibiotics
- partially treated
- no clear source of infection

If treating in the community, consider:

- planned second assessment
- brief written handover
- documenting observations
- specific safety net advice

Y

3. Is any red flag present?

Systolic B.P < 90 mmHg
Heart rate > 130 per minute
Respiratory rate > 25 per minute
Oxygen saturations < 91%
(may be appropriate to accept SpO2 < 91% in patients with known COPD)
Responds only to voice or pain/ unresponsive
Purpuric rash

N

Y

Red Flag Sepsis

This is a time critical condition, immediate action is required.

Dial 999
Arrange blue light transfer
Write a brief clear handover including observations and antibiotic allergies where present.

Administer oxygen and other appropriate immediate care as available



THE UK
SEPSIS
TRUST