

Mr Nigel Meadows
HM Senior Coroner, Manchester City Area
HM Coroner's Court and Office
Exchange Floor
The Royal Exchange Building
Cross Street
Manchester M2 7EF

29 March 2023

By email

Dear Mr Meadows,

Coroner's Report to Prevent Future deaths: Regulation 28

Thank you for the copy of your email of 22 December 2022 to Professor Keenan and the attached Regulation 28 Report to prevent future deaths. HQIP and BTS colleagues have had the opportunity to discuss this report and have notified NHS England concerning your letter. We are writing jointly to provide our response.

We would like to acknowledge that this Report was prepared as a result of the sad death of Mrs Ismail. We would like to send our condolences to Mrs Ismail's family.

In relation to the specific points mentioned in the report, we would like to provide the following information:

- 1. That the HQIP should consider undertaking in liaison with the BTS a further review and audit in relation to delivering a recurrent national audit of emergency oxygen. This update will also be able to use learning from recent clinical practice (including the Covid pandemic) and the developments in treatment.*
- 2. Formulate any new guidelines and recommend any necessary changes to try and improve national practice.*

HQIP commission, manage and develop the National Clinical audit and patients outcome programme (NCAPOP) under contract from and on behalf of NHS England and the Welsh Government. All clinical topics in the Programme are selected by NHS England. At present, none of the currently commissioned NCAPOP topics cover the prescription of emergency oxygen.

Since the BTS publication of the first guideline on emergency oxygen use in 2008 and the subsequent update in 2017, BTS has conducted a programme of audit and provided tools to support education and implementation of the guideline recommendations. This information is freely available on our website (<https://www.brit-thoracic.org.uk/quality-improvement/clinical-resources/oxygen/>).

The BTS Standards of Care Committee has recently accepted a proposal to develop revised guidance on target oxygen saturations in the light of new evidence published since the last guideline was issued. Publication of updated guidance would provide an opportunity for further dissemination and education in relation to best practice as well as the development of Quality Standards for the administration of emergency oxygen which would provide standards against which any future audit could be conducted.

3. The HQIP could encourage all NHS Trusts to use the BTS audit tools to evaluate its data and performance now, pending a future national audit.

A major thrust of the work that HQIP does is the drive to disseminate the findings from the NCAPOP and taking that forward into actually implementing the recommendations so that we improve the quality of care that we offer to patients. NHS England are a party to this work and they, with us and partner organisations such as the Royal Colleges and the specialist societies are keen that audit tools become embedded.

The BTS Quality Improvement Committee has also discussed the need for quality improvement in this area to ensure that improvement in oxygen prescription and administration is made before any future national audit. The BTS Audit system has the facility for sites to audit their own practice at any time, outside the periods of any national audit. This “local audit” facility allows them to collect data for quality improvement purposes and communications about this are regularly publicised to BTS audit users. BTS will continue to highlight the importance of the need for oxygen prescription and monitoring, and encourage use of its existing audit tools to support local quality improvement in this area pending any updated guideline recommendations and associated education and dissemination activities.

In future, should BTS initiate a full national audit round, HQIP has confirmed that it would support an application for inclusion in the Quality Accounts Audit list. These are audits mandated as part of the standing contract with Trusts to participate and report in their annual Quality Account.

4. The BTS have already issued guidance for passengers travelling with respiratory conditions; namely, the BTS Clinical Statement on air travel for passengers with respiratory disease (<https://thorax.bmj.com/content/77/4/329>). However, this guidance does not cover trauma, as in this case. Whether or not guidance would be appropriate to issue to determine whether or not a person was fit to fly from a respiratory perspective in the context of trauma – Consideration should be given to formulating such guidance which can then be circulated more widely including to the airline industry.

We note the reference to the BTS Clinical Statement on air travel for passengers with respiratory disease. As outlined above this document provides guidance for clinicians who advise those with respiratory disease in planning air travel. This document does not include specific guidance for patients who have suffered trauma or surgical interventions. We note that there is guidance for health care professionals in relation to surgery available through the CAA:

[Surgical conditions | Civil Aviation Authority \(caa.co.uk\)](https://www.caa.co.uk/~/media/CAA/Images/Information/2017/04/20170427_Surgical_conditions_Civil_Aviation_Authority_caa_co_uk.pdf)

We suggest that it would seem appropriate that this gap in guidance in relation to trauma patients would best be addressed by the CAA in any further revision of its guidance.

We hope this response is helpful and provides assurance that the British Thoracic Society will continue its work to inform, educate and support respiratory health care professionals to support safe and appropriate oxygen administration within the hospital setting, and where appropriate will work with HQIP and other colleagues in this important area.

Yours sincerely,



BTS President



HQIP