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12 June 2023

Mr N H Lane
HM Assistant Coroner
Worcestershire Coroners Court
The Civic
Martin's Way
Stourport on Severn
Worcestershire

[REDACTED]

Dear Mr Lane

Re Regulation 28 Report to Prevent Future Deaths

Please accept this letter in response to your Regulation 28 Report to Prevent Future Deaths sent on 19th April 2023, following the Inquest touching on the death of Mr David Mason.

In your Regulation 28 report you identified the following matters of concern relating to the Worcestershire Acute Hospitals NHS Trust (WAHT)

- 1) Evidence heard at the inquest demonstrated that no clinician involved in providing care to Mr Mason (in both the emergency department and the surgical trauma department) appreciated that, as someone who had Addison's disease and who had suffered the trauma of a fall, long lie and a fractured hip, Mr Mason required additional replacement steroid therapy, to prevent the development of an acute adrenal crisis.
- 2) The relevant internal Trust guideline disclosed by WAHT ('Guideline for the management of adrenal insufficiency in adults') very much focuses on presentations of acute adrenal crisis and procedure-based/perioperative situations, and (save for a small section containing 'sick day' rules, which are on the same page as advice to patients and families for long-term condition management) does not emphasise that replacement steroid therapy must be given to patients with adrenal insufficiency who have suffered trauma or physiological stress.
- 3) Evidence heard at the inquest (relating to the trauma/surgical department at WAHT) suggested that it is likely that many clinicians (including at consultant level) do not have a well-developed understanding of adrenal insufficiency and the crucial importance of administering replacement



steroid therapy to patients who, although not presenting as acutely unwell, are at risk of suffering an adrenal crisis.

- 4) Evidence heard at the inquest confirmed that no prompts exist on emergency department/clerking documentation at WAHT for clinicians to check whether a patient suffers from adrenal insufficiency. Although the inquest was informed that changes have been made in this regard by WAHT to some peri-operative patient documentation, the National Patient Safety Alert (NatPSA/2020/005/NHSPS) requires acute trusts to review admission/assessment/clerking documentation to ensure such prompts are included.

Responding to the concerns raised;

1. In order to raise awareness and educate clinicians, the following actions have been taken. Individual feedback was given and reflection undertaken by clinicians involved in July 2022 (**appendix 1**). On the 9th May 2023 at the Trauma & Orthopaedic (T&O) Governance meeting attended by 33 multidisciplinary staff including T&O Consultants this case was discussed and reflected upon (**appendix 2**). A teaching session was delivered by the Deputy Chief Medical Officer to 40+ Surgical trainees at a Regional Teaching Session on the 9th May 2023 (**appendix 3**). A teaching session highlighting the risk of adrenal insufficiency for T&O Junior Doctors delivered by a consultant Anaesthetist is now given three times per year as part of the induction programme (**appendix 4**). A Lesson of the Week has been shared on 25th May 2023 (**appendix 5**), with Governance teams to disseminating it through Divisions, in the Trust "Worcestershire Weekly", Datix Incident management system and the Trust Intranet page.
2. The Trust guideline, based on National guidance, has been amended to include clear advice for all patients in the Emergency Departments who require admission (**appendix 6**). Following discussion with our Endocrinology and Emergency Department teams, it was felt that this would be the most effective way of ensuring that clinicians were aware of the need for additional steroid replacement therapy for patients at risk of adrenal crisis due to physiological stress and pain.
3. Covered in point 1 above.
4. Changes have been made to the ED admission documents, implemented 6th June 2023, to include prompts on time critical medications, including steroids, and to consider increasing the dose of steroids (**appendix 7**). The T&O admission document, as discussed at the Inquest, was updated in October 2022 to include Steroid Management prompts (**appendix 8**).

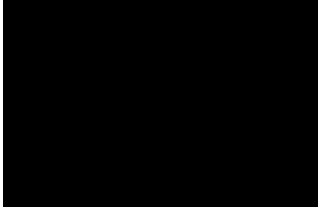
I hope that the above addresses your concerns about the quality of our initial review. I have no representations in respect of publication of the Regulation 28 or this response by the Chief Coroner.





I shall be grateful if you could kindly send a copy of my response to anyone to whom you copied your Regulation 28 report.

Yours sincerely



Chief Executive

