

[REDACTED]

25th January 2024

Lowestoft Road
Gorleston
Great Yarmouth
Norfolk
NR31 6LA

Mr Darren Stewart, OBE
HM Area Coroner for Suffolk
Suffolk Coroner's Court
Beacon House
White House Road
IPSWICH
Suffolk, IP1 4PB

Dear Mr Stewart

RE: Regulation 28 – Report to Prevent Future Deaths

I am writing to acknowledge receipt of the Regulation 28 – Report to Prevent Future Deaths, issued to the James Paget University Hospital NHS Foundation Trust (JPUH) following the inquest into the death of Ms Sarah Julie Mitchell, which was heard and closed on 27th November 2023, and received via our Legal Services Provider on 9th January 2024.

I note your concerns as follows:

During the course of the investigation my inquiries revealed matters giving rise to concern. In my opinion there is a risk that future deaths could occur unless action is taken. In the circumstances it is my statutory duty to report to you.

The **MATTERS OF CONCERN** are as follows:
(brief summary of matters of concern)

The provision to Ms. MITCHELL of 28 days' worth of prescribed medication in less than a 48-hour period (14 days' worth of medication dispensed on each occasion she was discharged hospital on the 3rd and 4th of August 2022). This occurred at a time when, due to concerns about Ms. MITCHELL hoarding medication and taking an overdose, she was receiving weekly medication prescriptions from her GP to control this risk.

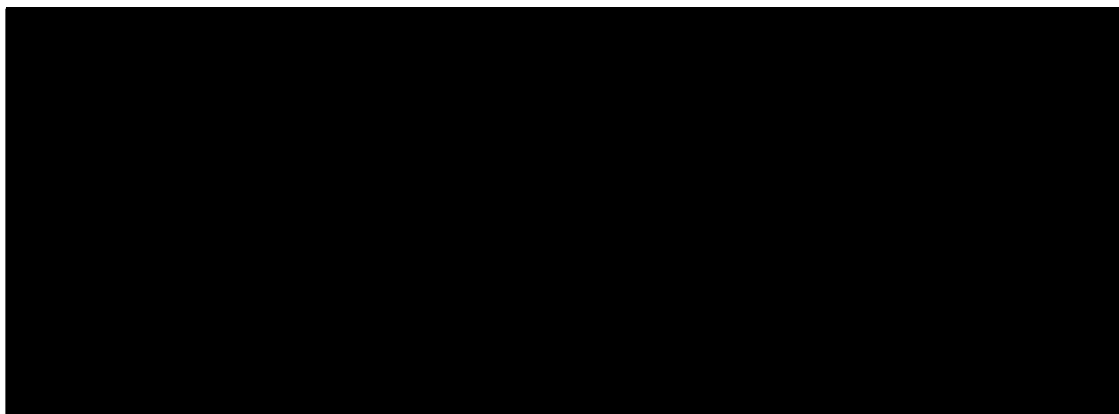
The evidence heard at Inquest indicated that there was no process in place whereby accident and emergency staff could access Ms. MITCHELL's medical records detailing the medication she was receiving and the rationale behind the dispensing regime in place.

I note that, unfortunately, the JPUH was not informed or involved in the inquest and we were, therefore, unable to provide clarification regarding these concerns. However, upon receipt of the Regulation 28, an investigation into these matters of concern was commenced.

Investigation Outcome

Provision of Prescribed Medication

I have received assurance from the Trust's Chief Pharmacist that the only medication which Ms Mitchell was given upon her first discharge, on 3rd August 2022, was one box of [REDACTED] Fluoxetine [REDACTED] capsules, equating to a 10 day supply. This is evidenced in the Trust's dispensing record for this patient as illustrated below:



The medicines detailed on the e-Discharge Summary represent the medicines the patient was prescribed prior to admission, with any changes made in hospital, in addition to any new medication started during their inpatient stay. This information is entered onto the Trust's Electronic Prescribing and Medicines Administration (EPMA) system by the prescriber at the point of discharge. Information on pre-admission medicines is entered by the clerking doctor, when a decision to admit is made, and obtained through a variety of means, including directly from the patient, by reviewing the patient's Summary Care Review (SCR) and by reviewing SystemOne.

Summary Care Record (SCR) is a national database that holds electronic records of important patient information such as current medication, allergies and details of any previous adverse reactions to medicines, created from the GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.

SystemOne is a clinical computer system used by GP practices which record patients' information securely. This information can then be shared with other clinicians at other organisations directly, or via the SCR. This permits the Emergency Department (ED) staff to review the patient's GP records, including medication and prescriptions.

The Trust's EPMA system requires a duration to be added for all prescriptions, as per the legal requirements for prescriptions. This is currently defaulted to 14 days' supply for discharge prescriptions, to enable sufficient time for GPs to update their records in order to provide ongoing supplies. The actual supply given can range from 7 – 28 days, depending on what the patient brought in with them, what supplies they already have at home and what has been supplied during their inpatient stay. There is no straightforward way to get the actual quantity supplied to match the 14 days referred to in the e-Discharge Summary in the current system.

In summary, the e-Discharge Summary contains a list of medication which the patient is taking on discharge, with additional information specific to medicines that have been stopped, started or amended during their inpatient stay. This list of medication therefore, does not necessarily relate to what was supplied by the JPUH.

Next Steps

You may be aware that the Norfolk and Waveney Acute Hospital Collaborative are in the process of procuring an Electronic Patient Record system for use across the three acute Trusts. This will remove the need for separate systems, including EPMA and e-Discharge and will eliminate the issues of data transfer between systems.

It is anticipated that the new EPR system will go live in 2026. More information can be found by accessing the following link: [better joined up care - EPR - \(nwepc.co.uk\)](http://betterjoinedupcare.co.uk)

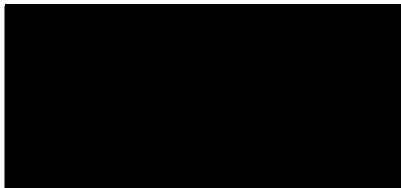
ED Staff Access to Medical Records Process

██████████, Assistant Medical Director for the Division of Medicine, Diagnostics and Clinical Support Services has confirmed that staff within our ED have access to both the Summary Care Record and SystmOne.

It is clear that one, or both of these systems were accessed on this occasion, as Ms Mitchell's medication was included in the e-Discharge Summary. It is also noted on the e-Discharge Summary, within the Primary Care Action, to 'please only prescribe weekly prescriptions'.

We would always welcome opportunities to be involved in any inquests in the future and I trust that this adequately addresses the concerns raised in the Regulation 28 Report. However, should you require any further clarification regarding this, or any other case, please do not hesitate to contact the Trust.

Yours sincerely



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Chief Executive

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