University Hospitals Birmingham
NHS Foundation Trust

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28th May 2024

Mrs Louise Hunt
HM Senior Coroner for Birmingham and Solihull

[redacted]

Dear Mrs Hunt

Inquest touching the death of Tracey Ann Farndon
Response to Regulation 28 Report to prevent future deaths

I am writing in response to the Regulation 28 notice issued following the conclusion of the inquest on 5th April 2024, into the sad death of Tracey Ann Farndon on April 25th, 2023, at Queen Elizabeth Hospital Birmingham (part of University Hospitals Birmingham NHS Foundation Trust (UHB)). I extend my sincere condolences to Mrs Farndon's family.

I note your narrative conclusion as *"Natural causes contributed to by a delay in diagnosis and treatment of sepsis. Her death was contributed to by neglect."* I further note your concerns regarding risks of future deaths, which have been addressed in turn below. The focus of the actions has been at the Queen Elizabeth Hospital Birmingham (QEHB), but the learning identified in this response has been shared with each of the responsible Hospital Medical Directors and Directors of Nursing covering QEHB, Heartlands Hospital and Good Hope Hospital, respectively, for implementation.

Concern 1:

The inquest heard how the Emergency Department at QEHB was, and continues to be, overwhelmed with patients with insufficient staff to care for, monitor and manage those patients. There is continued regular use of agency staff. This directly impacts patients' safety and is a risk of future deaths.

It is recognised that Emergency Department (ED) crowding, where the demands on the department exceed the capacity, can have a negative impact on patient outcomes and staff (Royal College of Emergency Medicine: The Management of Emergency Department Crowding, January 2024). Solutions require whole systems interventions. Causes and interventions to minimise the risk of crowding can be considered in terms of:

1) **Output – The inability of patients to leave the ED once their care is completed.**

UHB has Trust wide Standard Operation Procedures for Trust Capacity Escalation, and for circumstances where the Emergency Departments reach full capacity. These are followed in conjunction with the operational policy for managing ambulance offload delays. At each site, there are bed meetings held throughout the day to identify beds for patients requiring admission to ward areas. A member of the site team is present in each of the

UHB Emergency Departments between the formal bed meetings to liaise with the nurse in charge and Consultant and ensure patients are transferred to the allocated beds as soon as they become available. There are dedicated escalation processes in place with Birmingham and Solihull Mental Health Foundation Trust and Birmingham and Solihull Integrated Care Board to ensure that patients with mental health issues requiring admission are transferred from the ED as soon as possible.

At QEHB, for patients awaiting medical review who are likely to be able to be discharged following appropriate investigation and management, we have increased the number of patients referred to the acute medicine Same Day Emergency Care (SDEC) area, and created a frailty SDEC in November 2023, where frailer patients can receive the appropriate medical and therapy input. Through reconfiguration of the QEHB ED, we have reintroduced an Emergency Observation Unit (EOU) for patients that do not require admission but may require additional monitoring or investigation prior to discharge from the ED. The QEHB EOU was opened March 2024.

2) Throughput – processes within the ED

a) ED staffing

i. Nursing

A staffing matrix is used as a forward look to ensure sufficient staffing for each level of seniority on every shift, with an escalation process for predicted shortfalls. ED staff utilise shift logs and quality and safety checklists to ensure patients receive the appropriate care, monitoring, and management.

There has been an improvement in nursing recruitment, with a significant reduction in the use of agency staff in ED at QEHB. In May 2023, over 600 shifts per month were filled with external registered staff. This has reduced to 164 shifts in April 2024, with a projection to withdraw external agency requests at the end of June 2024.

ii. Medical

Due to under-recruitment, medical middle grade rosters (Specialist Registrar level or equivalent) in QEHB ED remain reliant on locum staff, but the majority of shifts are filled by doctors who work regular shifts in the department and are therefore familiar with hospital processes.

Since May 2023, at QEHB there has been an additional dedicated Consultant in the ED Ambulatory Area (EDAA) until midnight, with the aim of improving flow.

b) Reconfiguration of the department

We have recognised that the current layout of the ED at QEHB causes significant challenges to operational performance. The EDAA area was initially created to mitigate the physical distancing demands of the Covid pandemic, but its layout and location away from the main department poses risks to patients clinically and staff logistically. We will therefore be reducing the size of the EDAA to treat minor injuries and referrals to the on-site urgent care GP led service only. This will occur from June 2024, and will allow us to focus staff to provide care within the main ED footprint.

c) Rapid Assessment and Triage and eTriage

In conjunction with the physical reconfiguration of the department, we will be introducing eTriage to help identify the high acuity patients earlier on in their arrival before the full triage, and to help prioritise sicker patients in a busy ED. This system utilises the Manchester Triage System and is expected to be implemented at QEHB ED in June 2024. Introduction of eTriage will follow at our other Emergency Departments as soon as possible.

A Rapid Assessment and Triage (RAT) process is being re-established for ambulance and walk in patients. This will ensure that all patients will be reviewed by a senior decision maker and senior nurse soon after arrival, with an initial investigation and management plan instigated. RAT will be in place at QEHB by early June 2024, and will increase the safety of walk-in patients and patients in the waiting room. The effectiveness of current assessment and triage pathways at Heartlands and Good Hope Hospitals is also under review and the feasibility and utility of introducing RAT in these EDs is being considered.

3) Input – influences before the patient arrives at the ED

We have worked with system partners to introduce measures to try and reduce the number of patients presenting to each of our EDs.

At QEHB, this includes:

a) Reintroducing direct GP referrals to the Same Day Emergency Care area run by Acute Medicine – this was implemented in January 2024, and has seen a marked increase in the number of GP referrals to SDEC.
b) In December 2023, a “Call before you convey” process was introduced across the West Midlands region. This facilitates ambulance clinicians to access acute and community teams for a joint clinical discussion to support the right care for patients aged over 60 years.
c) UHB works closely with West Midlands Ambulance Service and the ED has an agreed Standard Operating Procedure for managing Ambulance Offloads.

Concern 2:

The inquest heard how staff failed to consider a diagnosis of sepsis throughout Ms Farndon's admission. There is a concern that staff do not fully understand the variable signs and symptoms of sepsis and there is a risk of future deaths.

There is a dedicated Trust Sepsis Group which proactively audits compliance with sepsis pathways across the organization. The emergency department at QEHB routinely identifies and successfully manages a large number of patients with sepsis. Between January and April 2024, the department identified 900 patients with sepsis, 847 (94%) of whom received antibiotics intravenously within an hour of their diagnosis.

In response to events surrounding Ms Farndon's death, the ED department at QEHB has initiated a programme of sepsis training. This includes:

- Identifying sepsis champions at all grades of staff
- Utilising Trust and Sepsis UK resources for educational events, with focussed sepsis events planned for May and June 2024. Pre and post education assessments will evaluate whether training improves knowledge.
- Displaying sepsis specific information on safety boards

A rolling audit programme of completion of the Sepsis 6 Bundle has been established, and sepsis training is included in the induction programme for all new staff and in regular educational training updates. Sepsis is part of the educational and training programmes for all junior medical staff.

The Trust utilises sepsis screening using NEWS2, which is automatically calculated from the physiological observations recorded in the electronic medical records' system. Alerts to consider sepsis are generated automatically when the NEWS2 is equal to or greater than 5. However, a significant focus of training is "call for concern" where a patient may have sepsis, but the NEWS2 score is less than 5.

Sepsis screening will be embedded in the Rapid Assessment and Triage process, and the early involvement of senior clinicians in the review process for walk in and ambulance patients will facilitate recognition of sepsis across the spectrum of presentation.

Concern 3:

Ms Farndon's BP was not recordable when she first presented at the emergency department. It was likely to have been be very low. This was not considered by the staff concerned and no further attempts were made to assess Ms Farndon's BP. There is a concern staff do not understand the implication of a low BP, the importance of continued observations when a key parameter cannot be recorded and that this may indicate the patient is seriously unwell. This raises a concern of future deaths.

A programme of manual blood pressure training and competence was commenced for all Emergency Department staff at QEHB in March 2024. This includes education regarding the limitations of electronic blood pressure measurement, for example the unreliability when patients have atrial fibrillation, and the escalation process for situations when blood pressure cannot be recorded. All band 6 and band 7 staff who are not on extended leave have completed this training, with all band 5 staff expected to have completed training by the end of May 2024. There is always a dedicated senior emergency doctor in all areas to escalate to for urgent review if the blood pressure is unable to be recorded through automatic or manual means. Training also includes education regarding additional means of assessing perfusion such as palpation of radial pulse and capillary refill time. The Trust Clinical Guidelines for taking a Non-Invasive Blood Pressure Measurement in adult patients have been disseminated to all staff. The Rapid Assessment and Triage process will ensure that there is a senior nurse and senior decision maker on initial review.

Mindful of the relevance of this concern to UHB ward areas, a Moodle educational package has been created for all UHB staff which covers fundamental observations including how to complete a manual blood pressure. The clinical skills team will be running drop-in sessions for staff to refresh their knowledge in this skill.

I would like to assure you that the concerns raised within the Regulation 28 Report have been taken extremely seriously, which I hope is demonstrated in the steps we have taken in reviewing and strengthening our systems, processes and training provision to our teams.

Yours sincerely

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Chief Executive