



2 July 2024

Mrs Louise Hunt
HM Senior Coroner for Birmingham and Solihull

By way of email only: [REDACTED]

Dear Mrs Hunt

**Inquest touching the death of Peter Jason Fanning
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 7 May 2024, into the sad death of Peter Jason Fanning on 19 December 2023 at Birmingham Heartlands Hospital (part of University Hospitals Birmingham NHS Foundation Trust (UHB)).

We have carefully considered the concerns raised within your report to prevent future deaths, which surrounds the availability of the service to replace feeding tubes in patients with complex needs having heard evidence that there is one list per week for replacement feeding tubes to be sited. You were also concerned as to how nutritional needs would be met once a feeding tube had become dislodged when a patient is reliant on the feeding tube for nutrition.

Concern 1 – delays in insertion of replacement feeding tube in complex patients due to access to radiology lists being available only once per week.

With regard to radiology capacity available to support placement of feedings tubes, there are two aspects to this. Firstly, is the provision of enteral feed where x-ray guidance to assist tube insertion is required and secondly where provision of intravenous line insertions are required for parenteral nutrition.

X-ray guided tube insertion

The Interventional Radiology department has increased capacity from one to four intervention radiology (IR) lists per week across our Heartland's, Good Hope and Solihull Hospital sites (HGS), which can accommodate x-ray guided feeding tube insertions. We also now have three IR consultants who are able to provide this service (increased from one previously) and these changes have been in place since April 2024.

Also, temporary funding has been made available to increase IR capacity on the Heartlands site and we have an additional IR theatre running in the Heartlands Treatment Centre for two days per week. A business case is currently being considered to support this becoming a full-time provision.

Patients who require anaesthetic input, due to their particular complex needs, require the support of the emergency theatre anaesthetic team on our HGS sites. This team also covers

two emergency operating theatres, so cases (surgical and IR) are prioritised accordingly based on clinical urgency. This support fluctuates because it is dependent on the skill mix of the team covering theatres. Clinical teams may, in a small number of cases, be advised by the IR team to liaise with colleagues from other UHB sites, to ascertain if support can be provided on the Queen Elizabeth Hospital (QEH) site for example. QEH IR has more robust access to anaesthetic support and therefore is better equipped to manage these general anaesthetic cases. As on our HGS sites, QEH IR support is dependent on suitable bed availability and IR capacity on that site at the time of the request.

We are currently reviewing our service where general anaesthetic is required and this includes consideration of increasing this provision on our Heartlands site to enable us to better meet the needs of our more complex patients in a more timely manner.

Yours sincerely

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Chief Executive