RCEM
Royal College of Emergency Medicine

Patron: HRH Princess Royal
Octavia House,
54 Ayres Street,
London, SE1 1EU

Tel: +44 (0)20 7404 1999
Fax: +44 (0)20 7067 1267
www.rcem.ac.uk

M E Hassell
Senior Coroner for Inner North London
St Pancras Coroner's Court
Camley Street
London
N1C 4PP

27th August 2024

Dear Ms Hassell,

Further to your prevention of Future Deaths Notice following the conclusion of your inquest (14th August 2024) into the death of Daniel Klosi who died (aged 4 years old) on 2nd April 2023, we would like to extend our sympathy and condolences to the parents, family and friends of Daniel.

Daniel attended the emergency department with the same symptoms on three previous occasions prior to his final attendance. Daniel was a neurodivergent child who presented with atypical features of sepsis to an extremely busy emergency department in whom staff struggled to gain observations. Daniel's condition rapidly deteriorated prior to treatment with antibiotics and his cause of death was Group A Streptococcus sepsis.

The Royal College of Emergency Medicine (RCEM) has specific guidance for patients who re-attend emergency departments within 72 hours [1] to ensure that they are reviewed by a senior doctor. RCEM have also endorsed the Royal College of Paediatrics and Child Health Standards in Emergency Care document [2]. RCEM have also produced specific educational material relating Group A Streptococcus [3,4]. RCEM have recently published a Learning Disabilities toolkit [5] as well as an accompanying article on Learning Disabilities in the supplement of the Emergency Medicine Journal [6]. I am sure you are also aware that the Oliver McGowan training programme on Learning Disability and Autism is now a mandatory requirement for healthcare workers [7].

We note that Daniel was taken to an emergency department that was clearly struggling to cope with the demands which were being placed upon it, resulting in long waits. As a medical royal college, we have been raising concerns nationally for a considerable period of time regarding the adverse consequences of prolonged length of stay in EDs / ED Crowding. Our own publication highlights the consequences of ED crowding and its negative impact on adverse events, prolonged hospital stays, and increased mortality and morbidity [8]. Delays in assessment and diagnosis are features of crowded emergency departments; the Health Services Safety Investigation Body (HSSIB) have published a series of reports which also highlights the impact of these same factors in patient safety incidents [9]. We are also aware

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that there have been several other Prevention of Future Death Notices from other Coroners pointing out the adverse consequences of prolonged emergency department waits [10].

The RCEM is an active participant in the national initiative to develop an early warning score (that utilises observations or vital signs) that is specifically designed for use on all children attending emergency departments, following the implementation of a paediatric early warning score for children who are in hospital wards [11]. We will continue to be strongly supportive of this initiative and support the need for early escalation of care for those patients in whom it is not possible to undertake vital signs.

With regards your specific concerns about emergency department electronic patient records (EPR) and their configuration to show how many times a patient has presented to hospital with the same signs and symptoms as their current presentation, we feel this question is best directed towards NHS England.

Yours sincerely,

[redacted]

[redacted]

Chair, Quality in Emergency Care Committee

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